

REQUEST FOR PROPOSAL
Michigan Department of Human Services
Children's Trust Fund

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| Grant/RFP Number: | CTFPR-08-99001 |
| Application Submission Due Date & Time | January 20, 2008 by 3:00 PM |
| Geographic Area to be Served: | Statewide |
| Service Titles: | Zero to Three Secondary Prevention Programs |
| Anticipated Grant Begin and End Dates: | April 1, 2008 to September 30, 2008 |

Method of Reimbursement: ☒ Actual Cost ☐ Unit Rate

Maximum Grant Amount: **\$ 100,000.00** for six (6) months (April 1, 2008 to September 30, 2008)

Issuing Office: Department of Human Services **Children's Trust Fund**

Contact Person: **Jeff Sadler**

Telephone Number: **517-335-4620**

e-mail address: **sadlerm@michigan.gov**

Pre-proposal Conference:
(Date, time, location)

(Please notify the contact person by e-mail if you plan on attending. A pre-proposal conference will be held only if there is sufficient interest.)

Bidder Questions Due Date & Time: 12-28-07, 4:00 PM (by e-mail, phone or regular mail)

All applicants must submit inquires regarding content via e-mail or regular (surface) mail. Priority mail is preferred.

Applications that exceed the maximum six (6) month period dollar amount indicated in this RFP will not be considered for award.

This grant is made possible by an increase in legislative appropriations for Fiscal Year 2008. Prior to Fiscal Year 2009, a statewide competition for **all** 0-3 Secondary Prevention funding for a new three (3) year grant cycle will be held. The grant amount for subsequent years in this cycle is contingent upon legislative appropriations and 0-3 Secondary Prevention service needs.

Awards made as a result of this RFP will require execution of a grant agreement with DHS/CTF. The grant will contain standard non-negotiable General Provisions. A copy of the General Provisions is available upon request.

Rating: All proposals will be evaluated on the basis of rating criteria identified in the RFP.

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| <p>Authority: P.A. 2080 of 1939.</p> <p>Completion: Mandatory.</p> <p>Penalty: Contract Invalid</p> | <p>Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.</p> |
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The Children's Trust Fund on behalf of the Michigan Departments of Human Services, Education & Community Health

Announces a Request for Proposal (RFP) for Zero to Three Secondary Prevention Programs



The original application and four copies (five (5) total), must be received in the Children's Trust Fund office by 3:00 p.m. on January 20, 2008 to be considered for funding. Original signatures are required. Please send all applications to: Children's Trust Fund, 235 S. Grand Ave., Suite 1411, Lansing, MI 48933, ATT: Jeff Sadler

Late submissions will be disqualified.

REQUEST FOR PROPOSAL
Michigan Department of Human Services ~ Children's Trust Fund
Contract/RFP Number: CTFPR-08-99001

PURPOSE: ZERO TO THREE SECONDARY PREVENTION FUNDING FOR CHILD ABUSE & NEGLECT PREVENTION SERVICES TO EXPECTANT MOTHERS AND FAMILIES WITH CHILDREN AGE BIRTH THROUGH THREE.

STATEMENT OF NEED:

Each day, there are more than 375 reports of child abuse and neglect in Michigan. Many more go unreported. Statistics suggest that children are potential victims of abuse and/or neglect regardless of age, gender, race, or socioeconomic status. On average, 35% of all substantiated child abuse and neglect complaints and 76% of all child fatalities due to maltreatment involve children age birth to three. The Michigan Children's Trust Fund (CTF) was established by P.A. 250 of 1982 (MCL 722.620) to stop the cycle of abuse and/or neglect before it occurs and to protect the well being of Michigan's children.

Ergo, the CTF on behalf of the Michigan Departments of Human Services (DHS), Education (MDE) & Community Health (DCH) announces the availability of funds that have been appropriated for community based collaborative 0-3 Secondary Prevention services. Currently the 0-3 Secondary Prevention Interagency Initiative funds 46 grants that serve 55 Michigan counties (see attachment).

The CTF, a Type I Agency within DHS, is designated as the agency responsible for the Request for Proposal (RFP) application process, grant administration and legislative reporting requirements. Zero to Three Secondary Prevention Outcomes and Return on Investment (ROI) reporting has demonstrated that child abuse and neglect (CAN) prevention not only strengthens families but also saves taxpayer dollars!

This RFP is intended to **expand** 0-3 Secondary Prevention services to at risk children and families throughout Michigan for programming for a six (6) month period beginning April 1, 2008 and ending September 30, 2008.

New applicants may apply for **up to** \$100,000.00 in funding for the purpose of providing 0-3 Secondary Prevention services to at risk children and families. This may be achieved by providing 0-3 Secondary Prevention services to communities, a target population and/or county where there is a demonstrated need.

Current grantees may apply for **up to** \$100,000.00 in funding for the purpose expanding 0-3 Secondary Prevention services to newly enrolled at risk children and

families. This may be achieved by serving more families within the communities currently served or by expanding services to other communities with demonstrated need.

Funding is intended to support 0-3 Secondary Prevention program services designed to promote strong nurturing families and prevent child abuse and neglect by:

- Fostering positive parenting skills especially for parents of children ages 0-3.
- Improving parent/child interaction.
- Promoting access to needed community services.
- Increasing local capacity to serve families at risk.
- Improving school readiness.
- Supporting healthy family environments that discourage alcohol, tobacco and other drug use.
- Promoting marriage and healthy couple relationships.

GENERAL INFORMATION:

- Funding is available to public or private, profit or non-profit organizations / agencies.
- A single fiscal agent must be identified, however multiple providers (subcontractors) may be collaborate as service providers.
- The defined target population and service must be tied to a needs assessment and comprehensive community prevention plan in the county(ies) served.
- Funding must be used for new 0-3 Secondary Prevention projects that meet the secondary prevention definition.
- The Community Collaborative (CC) endorsement is required for the county(ies) that the service will cover. An endorsement from the community Great Start Collaborative (GSC) is acceptable for grant consideration, however, if the proposal is recommended for funding the CC endorsement is mandatory. The Endorsement and Disclosure Form is included as an attachment and must be used.
- Only one application from counties with a population less than 500,000 may be endorsed for submission.
- More than one application may be endorsed from counties with a population over 500,000.

Prevention of child abuse and neglect involves influencing persons in a positive way **before** any abuse or neglect occurs. Prevention projects are defined in the CTF enabling legislation as “a system of direct provision of child abuse and neglect prevention services to a child, parent, or guardian”. {PA 250, 1982, Sec. 2 (f)} Such projects are incorporated into the community’s service structure, are ongoing and reach a substantial portion of the target population.

DEFINITIONS:

Authorized Signatory: Individual authorized by the applicant to sign all documentation submitted including the grant application, grant agreement, quarterly reports, etc.

Documented Agreement: A written statement between two or more parties that clearly delineates the expectations and relationships toward the implementation of the services (e.g. proposed application requires that the hospital will refer families, therefore a documented agreement must be included in the application indicating the hospital's commitment to refer the families).

Endorsement: The CC reviews all applications being submitted to the funding source, asks questions regarding the applications, provides feedback regarding the application's contents to the applicant organizations, and chooses one application to recommend for funding. (PIT Information Advisory #64, April 1999).

Enhanced Program: Adding new services or supports to an existing program (e.g., in-home visiting program would like to add a parent support group(s) to the population currently served).

Existing Projects: Programs that have a current contract with the Children's Trust Fund that utilizes 0-3 secondary prevention dollars. (See Attachment)

Service Coordination: Increasing access to family support services through the coordination of efforts. This may include, but is not limited to, information and referral, linkages to programs and services within the community, transportation support, etc.

Expanded Program: Increasing the number of families served by the program by providing an existing service to more families which may include expanding to a new geographic area.

Secondary Prevention: Interventions provided for the early identification of individuals with risk factors for a specific problem or disorder. While substantiated child abuse or neglect has not taken place, the probability of abuse is greater than in the general population.

The major components of secondary prevention are:

- It is offered to a pre-defined group of families or individuals.
- It is voluntary and participants do not have an open Children's Protective Service case (**Category I or II Disposition**).
- It must be focused on secondary prevention.

POPULATION TO BE SERVED:

The target population is expectant parents and families with children age prenatal through three who are at risk, who meet the secondary prevention definition and are not on the open Children's Protective Services (Category I or II Disposition) caseload of the Department of Human Services. Risk factors are listed below. A child or family **must** have one or more of these risk factors. Generally, three (3) or more risk factors are identified.

IDENTIFIED RISK FACTORS:

- Parent who Perceives Harsh Punishment of Child as Appropriate
- Family History of Child Abuse
- Parent with Destructive or Violent Temperament
- Parent with Substance Abuse or Addiction
- Parent with Rigid and Unrealistic Expectations of Child's Behavior
- Child Unwanted or at Risk for Poor Bonding
- Parent with Negative or Ambivalent Attitude Regarding Pregnancy or Parenting
- Parent who Perceives Child as Difficult
- Parent with a Child(ren) who is Difficult
- Parent with Diagnosed Physical Condition that Interferes with Parenting Ability
- Parent with Serious Mental Disturbance
- Family History of Diagnosed Family Problems
- Infant/Child who is Drug-Exposed
- Infant/Child Diagnosed with Failure to Thrive
- Family with Multiple Crises or Stresses
- Family with Marital/Partner Conflict
- Family with Extended Family Conflict
- Family with Housing Problems
- Family in an Unsafe Living Environment
- Family who is Homeless

- Family who is Isolated with Inadequate Support System
- Infant with Low Birth Weight
- Child with Developmental Delay
- Child with Nutritional Deficiency
- Child with Long-Term or Chronic Illness
- Child with Diagnosed Handicapping Condition
- Parent with Low Self Esteem and/or Depression
- Parent with Learning Disability
- Parent who is Emotionally Immature
- Parent with Language Deficiency or Immaturity
- Family History of Low School Achievement or Dropout
- Family History of Delinquency
- Low Parental/Sibling Educational Attainment or Illiteracy
- Single Parent
- Unemployed Parent(s)
- Low Family Income
- Teen Parent
- Family with Large Number of Children or Closely Spaced Young Children
- Family with Incarcerated Parent

DESCRIPTION OF SERVICES:

Key considerations in the award of funding are as follows:

- The extent to which the target population is identified.
- The extent to which child abuse and neglect factors are identified.
- The extent to which the application demonstrates local coordination and collaboration.
- The extent to which the proposed 0-3 secondary prevention services are integrated into a broader community plan of family support and prevention.
- The extent to which the application has identified a clear plan for evaluating the proposed services.
- The extent to which there is a clear process for identifying, referring, and serving families who have the risks or challenges that make them eligible for secondary prevention services.
- The extent to which the application has documented agreements, including specific tasks, with all agencies that are integral to the success of the plan.
- The extent to which the application for the proposed services is based upon a proven model or sound research on the prevention of child abuse and neglect including intensive home visitation.
- The extent to how risk assessments will be measured (e.g., methodology).
- The extent to how data will be collected and reported to the CTF.

- The extent to which the application details its implementation and evaluation plan.
- The extent to which the application describes the local community child abuse and neglect community collaboration plan.
- The extent to which the budget plan, including the budget narrative, is appropriate for the proposed project and the source of local cash and in-kind match is identified.
- Geographic distribution may also be a factor in the decision making process.

FUNDING REQUIREMENTS:

Funding must be used for new or expanded projects that address the prevention of child abuse and neglect (refer to identified risk factors and the definition of secondary prevention).

A new grant will **not** be awarded to **supplant** existing funds to an ongoing 0-3 Secondary Prevention program. To be considered for additional funding, current grantees must demonstrate how they will **expand** 0-3 Secondary Prevention services to at risk children and families with demonstrated need.

Funds can not be expended for services to families who have an open Children's Protective Service case (**Category I or II Disposition**). Families who may have an open CPS category III or IV case **are** appropriate for 0-3 Secondary Prevention services.

FUNDING AMOUNTS & BUDGET REQUIREMENTS:

The application for funding must reflect a budget to cover activities from April 1, 2008 through September 30, 2008. Grants may be subject to Circular A-133 Audit requirements.

There must be a documented local match of 25% of the requested funds with no more than 10% being in-kind goods or services. A larger match is generally necessary to cover total program costs. In-kind match is typically the fair market value (FMV) of goods or services utilized by the program. The cash match must be used for continued services included in the application and **may not be** supported by any source of federal funding (e.g., Strong Families/Safe Children, Early On[®], Head Start, Even Start, etc.), nor identified from sources that are generated through the same appropriations (e.g., T.A.N.F., Teen Health Centers, Great Parents/Great Start, etc.) Legislation requires that matching funds must be local source contributions. Local resources (financial and otherwise) must be contributed to ensure not only that the project is supported, but also to illustrate stakeholder meaningful commitment to the prevention project.

Budget negotiation may occur for awarded applicants during the creation of the grant agreement. Grantee agrees to comply with all applicable requirements of all State statutes, Federal laws, executive orders, regulations, policies and award conditions governing this program. Grantee understands and agrees that if it materially fails to comply with the terms and conditions of the grant award, the CTF may withhold funds otherwise due to the grantee from this grant program, any other federal grant programs or the State School Aid Act of 1979 as amended, until the grantee comes into compliance or matter has been adjudicated and the amount disallowed has been recaptured (forfeited).

ADMINISTRATIVE/EVALUATION COSTS:

No more than 15% of the requested funds may be used for administrative costs. Administrative costs include, but are not limited to: procurement; payroll processing; personnel functions; management, maintenance and operation of space and property; data processing and computer services; accounting; budgeting; auditing; costs for administrative meetings; or any administrative costs not related to direct service delivery.

- Up to 10% but not to exceed \$5,000 of the requested funds may be budgeted for evaluation of the proposed project. Evaluation costs are not considered administrative.
- Training directly related to the provision of services or the supervision of direct-service staff is not considered an administrative cost.
- A portion of the requested funds may be budgeted for an audit, if required as an administrative cost.

REPORTING REQUIREMENTS:

The grantee will be required to submit quarterly progress reports that summarize and document all project activities and expenditures for the period covered.

- Applicants awarded funding for this grant will receive an "initial payment" equal to 25% of the grant award on or about April 1, 2008 (the 3rd quarter of FY-08) and will submit monthly billings (DHS-3469 Statement of Expenditures) by the 20th day following each billing period (April through September) for reimbursement for **actual costs** incurred during the previous month. Applicants awarded funding will also submit an **estimated** billing by October 1, 2008 for expected actual costs incurred during September. An estimated billing is **required** to establish an Accounts Payable so that reimbursement is drawn from the FY-08 budget. If an estimated billing is not submitted by October 1, 2008 reimbursement may be delayed until January 2009. The actual September billing should be submitted no later than October 6, 2008, if possible, to avoid payment delay.
- For this grant, two (2) quarterly reports will apply and are due on or before July 20th, and October 20th 2008. Each report summarizes the activities and expenditures for the previous three months and shall include a narrative report,

- a quarterly statement of expenditures and the Data Collection Form.
- The 4th quarter report (due on or before October 20, 2008) shall also include the 3 1-b form that cross checks families receiving 0-3 Secondary Prevention services and CPS involvement and a brief "family success story".
- An annual "Site Visit" by 0-3 Secondary Prevention Staff may be conducted to review various aspects of the 0-3 Secondary Prevention program.
- An annual evaluation completed by the grantee or by a contracted evaluator, shall be submitted on or before December 20th each fiscal year (guidelines are included in the attachments).
- **Late Reporting:** Failure by the Grantee to submit reports required by the Grant Agreement, or to submit reports in a timely fashion, may result in a 25% reduction of the total grant award, withholding payment until the required reports are received and/or termination of the Agreement at the discretion of the CTF.

GRANT AGREEMENT REQUIREMENTS:

Each grantee will be required to fulfill the following if awarded funding:

- Implement the funded project in accordance with the grant award and agreement
- Demonstrate the impact on the population served.
- Collect and process program utilization data.
- Maintain generally accepted accounting practices (GAAP) and records.
- Participate in evaluation efforts as required.
- Participate in on-site visits as required.
- Provide technical assistance (T.A.) to other communities in implementing similar projects.
- Maintain a relationship with the local CC.
- Submitting required reports and documentation as outlined in the grant agreement
- Participating in all surveys conducted
- Participating in all trainings and conferences provided

EVALUATION & OUTCOMES:¹

All grantees are required to evaluate their project. Applications must include an evaluation plan that identifies:

- Clear program goals and objectives.
- A valid means of assessing client satisfaction.
- Measurable, time-oriented outcomes which are integral to the comprehensive community prevention plan.

¹ The 0-3 Outcomes Plan (rubric format) for FY-08 (April 1 to Sept 30, 2008) can be downloaded from the DHS or CTF website and **must** be included with the application to be considered for funding. Go to: <http://www.michigan.gov/dhs> > Doing Business with DHS > Contractor Resources > Forms & Publications or <http://www.michigan.gov/ctf> > Programs > Zero to Three Building Stronger Families.

- Identifiable performance objectives for each outcome, including how they will be measured. For example, for an outcome related to parenting attitudes, an applicant may seek to increase from 50% to 75% the number of parents indicating nurturing attitudes toward their children measured by the AAPI-2.
- A plan to implement a locally executed program evaluation annually in addition to required evaluation data for the State of Michigan.

Grantees must also agree to participate in statewide evaluation efforts. This includes quarterly data reporting, utilization of a standard evaluation tool, compilation of a comprehensive list of children served, and other data and evaluation points required by the funding agencies. Each applicant may budget up to 10% but not to exceed \$5,000 of the requested funds for evaluation of the proposed project.

Other evaluation summaries and data requirements will be outlined in the grant agreement. Evaluation/outcomes include, but are not limited to, the conducting of studies and analysis to determine the impact and value of a project or program in reducing child abuse and neglect in the community(ies) in which the program exists, as well as the State of Michigan, and quantitative and qualitative aspects of service.

OTHER CONSIDERATIONS:

Projects must include a strong evaluation component that includes, but is not limited to, clear project goals and objectives; measurable, time-framed outcomes as determined by the CTF and a means of assessing client satisfaction.

All applications must obtain the endorsement of the Community Collaborative (CC) for the county(ies) that the project/service will cover. (The CC Endorsement and Disclosure Form is included in the attachments). Proposals may include a letter of endorsement from the counties Great Start Collaborative. Any application that does not include local CC will be **disqualified**. The CC endorsement **must** be submitted before the grant award is approved and finalized.

All Programs must participate in the Adult Adolescent Parenting Inventory (AAPI-2) assessment. This is an inventory designed to assess the parenting and child rearing attitudes of adult and adolescent parents and pre-parent (expectant) populations. Based on the known parenting and child rearing behaviors of abusive parents, responses to the inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect. The 40 question inventory will be administered upon entering the program, every six months there after and a final

administration when exiting service. More information may be found on the evaluator's website: <http://www.gillespieresearch.org>

All Programs must ensure parent/consumer involvement at multiple levels (policy, administrative, programmatic, planning and implementation, continuous quality improvement, evaluation, etc.,).

RESPONSIBILITIES OF THE COMMUNITY COLLABORATIVE (CC):

- Develop or update a comprehensive community prevention plan. The plan is developed to effectively respond to the application for funding. As part of the development of a comprehensive community prevention plan, it is expected that there will be a review of program service delivery models for this target population that meet the identified needs of the community and have been proven to impact the risk factors of children and their families.
- Assist in selecting outcomes the proposal will address. Outcomes should be delineated in the comprehensive community prevention plan. Review all applications and endorse the grant application(s) for your county(ies).
- Identify local partners who support the comprehensive approach through their resources.
- Assist in the identification of local match funds.

APPLICATION INSTRUCTIONS

APPLICATION FACE SHEET

Applicants should refer to the specific form and instructions (attached)

CC ENDORSEMENT AND DISCLOSURE

Applicants should refer to the specific form and instructions (attached)

NARRATIVE (10 page limit; Times New Roman, Tahoma or Verdana 12 pt. font.)

A. PROJECT (EXECUTIVE) SUMMARY (one page limit)

Provide a clear and concise summary using the following categories. Do not refer to additional pages. (Applicants may wish to develop this summary after completing the Project Description narrative).

- Statement of need (including description of target population).
- Description of the proposed project (identifying the model and/or research methodology on which it is based).
- Brief statement summarizing applicant's collaboration, commitment, and capacity

B. PROJECT DESCRIPTION

1. Statement of Need

- Describe the community child abuse and neglect prevention need as relevant to the proposed project.
- Describe the CAN risk factors relevant to the proposed project, that have higher than the state average rates (use and cite current data, e.g. Kid's Count).

2. Target Population

- Describe the target population to be served.
- Describe the plan for identifying, referring, and serving families.
- Describe/give evidence on how the target population will be accessed.

3. Description of Services to be Provided

- Describe how the proposed project will meet the objectives (measurable outcomes) defined by the CTF in this RFP. Note applicants may include 0-3 Secondary Prevention program indicators they will track **in addition** to the indicators defined by the CTF.

- Describe in detail the services to be provided, including the frequency and duration (refer to the Sample Agreement included in the attachments).
- Describe the activities of the proposed project and how they relate to the proposed project's objectives.
- Describe the model and/or research methodology on which the proposed project is based.
- Demonstrate how the proposed project will prevent child abuse and neglect in the target population.
- Demonstrate how the proposed services are designed to do the following:
 - Fostering positive parenting skills especially for parents of children ages birth to three
 - Improving parent/child interaction
 - Promoting access to needed community services
 - Increasing local capacity to serve families at risk
 - Improving school readiness
 - Supporting healthy family environments that discourage alcohol, tobacco and other drug use
 - Promoting marriage and healthy couple relationships

4. Applicant's Collaboration, Commitment, Capacity and Parent Involvement

Collaboration:

- Describe how the services will be integrated into the comprehensive community prevention plan.
- Document broad input into the development of the application (may refer to letters of support as documentation).
- Describe how the services will integrate with existing prevention services in the community focusing on the target population.
- Identify the collaborative partners and briefly describe their activities.
- Integral to the project (as outlined in the documented agreements).
- Describe how parents/consumers will be involved in the ongoing planning, implementation, and evaluation of the services.
- Describe the collaboration which will take place during the implementation of the services.

Commitment & Capacity:

- Describe the applicant's capacity to do the work as outlined in the objectives and activities.

- Describe the staffing of the project and their respective duties (paid and volunteer staff).
- Describe how staff are or will be qualified to facilitate the project (include education, training, etc.,).

Parent Involvement

- Describe the plan implemented by your organization that will integrate parent and family members into the planning and implementation of your 0-3 Secondary Prevention program. Please include those strategies that are currently successful and those that will enhance the engagement of parents and family members.

C. EVALUATION

Specifically describe the evaluation process including identified, measurable performance objectives for each time-oriented outcome, how they will be measured, and how they integrate with the Zero to Three Secondary Prevention Indicators. (If an outside agency/person will be conducting the evaluation, they are encouraged to complete this section; refer to the attachments as necessary).

Describe the means through which client satisfaction is assessed. Please include a detailed outline of how you plan to measure client's satisfaction if funding is awarded.

Describe how the AAPI-2 will be administered and utilized by your program per the requirements of the proposed grant agreement.

Describe the programs local evaluation plan and report. All grantees are required to evaluate their program. This annual evaluation has a scope larger than the data required by the granting agencies. This evaluation should report on the impact of the program within the community and its impact on the prevention of child abuse and neglect.

Describe a method for consistent and accurate data collection for Zero to Three Secondary Prevention reporting requirements.

D. IMPLEMENTATION PLAN

Design an implementation plan that includes the following categories:

- goals
- objectives
- activities/tasks
- timeline
- responsible staff
- expected outcome
- measurement

E. BUDGET PLAN FORMS

The application must reflect a budget to cover activities from April 1, 2008 through September 30, 2008.

Applicants must complete the DHS Budget Detail (DHS CM-468) and the FY-08 CTF Budget Plan Summary worksheet detailing cash, in-kind and other sources of cash match to be considered for funding. These worksheets can be downloaded from the DHS or CTF website. **Please note:** The line items on the DHS Budget Detail (DHS CM-468) and the FY-08 CTF Budget Plan Summary worksheet **do not** precisely align. All cash and in-kind match on the DHS Budget Detail **must** be reported as “Match Amount” (e.g., combine cash and in-kind amounts). In addition, Administrative, Evaluation and Training costs (as detailed on the CTF Budget Plan Summary Worksheet) should be accounted for and explained under the DHS Budget Detail Miscellaneous section. Use the Comments section if additional narrative explanation regarding the applicant’s intent is required or to clarify any budget information which the spreadsheets do not accommodate. This is generally very helpful. To download all required worksheets and documents:

Go to:

- The DHS website at <http://www.michigan.gov/dhs> > Doing Business with DHS > Contractor Resources > Forms & Publications.
- The CTF website at <http://www.michigan.gov/ctf> > Programs > Zero to Three Building Stronger Families

Provide a detailed supplemental narrative description of the budget that reflects the proposed 0-3 Secondary Prevention services. Be sure to describe the sources, status and amounts of local cash and in-kind match, how the budget is appropriate for operation and how it is cost effective.

F. DOCUMENTED AGREEMENTS

Attach signed agreements that include specific tasks, with all agencies that are integral to the success of the project (an example of a Documented Agreement is provided in attachments).

G. COMPREHENSIVE COMMUNITY PREVENTION PLAN

Attach the comprehensive community prevention plan, developed and approved by the CC, that supports the proposed project.

Highlight the section(s) of the comprehensive community prevention plan that the project supports.

H. MISCELLANEOUS ATTACHMENTS:

The following are examples of documentation that may be included as miscellaneous attachments:

Support letters from participating and/or funding organizations other than the applicant agency.

Job descriptions, qualifications, and resumes of identified project staff (no more than one page each).

Staff resumes, accreditations, certifications, etc.,

Copy of 501 (c) 3 or Articles of Incorporation

Zero to Three Secondary Prevention FY 2008 Application Rating Criteria

Identifying Information:

1. Program Name:
2. County Served:

Proposals that will be highly recommended for funding will include the following factors:

Project Description: Statement of Need

3. Target Population ~ Describe the target population served.
4. Projects the number of families to be served in fiscal year 2008 from April 1st to September 30th.
5. For the projected number of families to be served the five (5) most prevalent risk factors used to identify fit to the proposed program:
 - a)
 - b)
 - c)
 - d)
 - e)

RATING (factors 3-5): Describes the target population to be served. Identifies an acceptable number of families and children to be served by the project per the funding requested. Identifies the five (5) most prevalent CAN risk factors.
(Maximum Score 15 points)

Description of Services:

6. Describe the activities to be funded by the 0-3 Secondary Prevention grant and the frequency with which they will be provided.
7. List all referral organizations/agencies that will provide referrals to the program.
8. Describes the process for contacting families once a referral is received.
9. List the tool(s) used to measure risk for entry into 0-3 Secondary Prevention services (please attach samples):

RATING (factors 6): A clear description of activities and their frequency for the model of 0-3 Secondary Prevention to be provided. The frequency aligns with the model's evaluated effectiveness and intensity needed to impact the targeted population. The project disseminates information for parents about child development and appropriate expectations for each state, encourages positive parenting skills, seeks to enhance parent-child interaction, and provides learning opportunities to promote growth in both the parent and the child. **(Maximum Score 15 points)**

RATING (factors 7 & 8): Names the organizations that will provide referrals to the program and lists the approximate percentage of referrals received from each organization. The applicant should also provide a clear description of the process for contacting families. **(Maximum Score 5 points)**

RATING (factor 9): The name of the tool(s) for assessing risk is included and is appropriate for the program. **(Maximum Score 5 points)**

Implementation and Evaluation:

10. Includes the Implementation Plan for FY-08 (April 1st through September 30th 2008). Includes targeted Outcomes, Objectives, and Indicators which will measure the success of the program. Includes outcomes relevant to the 0-3 Secondary Prevention Indicators (Fostering positive parenting skills especially for parents of children ages 0-3, Improving parent/child interaction, Promoting access to needed community services, Increasing local capacity to serve families at risk, Improving school readiness, Supporting healthy family environments that discourage alcohol, tobacco and other drug use and Promoting marriage and healthy couple relationships), the AAPI-2, and Parent Involvement .

RATING (factor 10): The implementation plan includes all outcomes, objectives, indicators and, if applicable, additional outcomes which would show success in the program. In addition, outcomes are time oriented and are assigned to specific staff. **(Maximum Score 15 points)**

11. Includes a detailed description of evaluation activities that addresses:

- A plan to measure client satisfaction
- Describes methods for implementing the AAPI-2
- Describes methods for reliable data collection procedures for grant-required reporting
- Describes a local evaluation plan that measures programs impacts locally and above required state-level evaluation activities

RATING (factor 11): Provides a clear plan to measure client satisfaction and provides a copy of a survey or detailed outline, includes a concise description of implementing the AAPI-2, and describes methods for reliable data collection and reporting and clearly describes a local evaluation plan and includes a strong connection to locally determined needs/impacts as well as methods for reporting. **(Maximum Score 10 points)**

Collaboration:

12. List collaborative partners (agencies/organizations/schools/hospitals, etc.,) and describes their role. Does the applicant describe how they propose to meet face to face with collaborative partners regarding the 0-3 Secondary Prevention services? Yes ____ No ____ How often ____

RATING (factor 12): Lists the collaborative partners involved with the 0-3 Secondary Prevention program and includes a clear description of their roles. The listing of partners includes community health agencies, schools, the Department of Human Services, and other community organizations that work with the target population. Does the applicant propose to meet face to face with the collaborative partners regularly (at least monthly) to inform them about the program, discuss program implementation and problem solve around potential barriers. **(Maximum Score 10 points)**

Budget for FY-08 ~ Six (6) Month Budget Plan (April 1 to September 30, 2008):

13. Completed the CTF Budget Plan and the DHS Budget Detail for the six (6) month period covering this award. Match must be at least 25% of the requested funds with not more than 10% being in-kind goods or services. In-kind match is typically the fair market value (FMV) of goods or services utilized

by a program. The cash match must be used for continued services included in the application and **may not** be supported by any source of federal funding (e.g., Strong Families/Safe Children, Early On, Head Start, Even Start, etc.,) nor identified from sources that are generated through the same appropriations (e.g., T.A.N.F., Teen Health Centers, Great Parents/Great Start, etc.,). Legislation requires that matching funds must be local source contributions.

RATING (factor 13): Includes a budget detail, summary and narrative that correctly calculates and clearly delineates the source and amount of funding available for the local match, both cash and in-kind, in each line item. It is clear that the match dollar will be used to support this project only. The proposal lists the staff positions and salaries and includes the percentage of FTE for each position. The staffing appears appropriate for program services and costs are reasonable and allowable. **(Maximum Score 15 points)**

Priorities for Funding:

14. Community profile measures will be a factor in the decision making process. This aspect of the review will consider whether services are targeted in communities with higher than average infant mortality rates, out-of-wedlock pregnancy rates, poverty rate, child abuse and neglect rates, adult substance abuse rates, teen pregnancy rates (also refer to the CAN risk factors) and if the application will provide 0-3 services in a community with a demonstrated need.

RATING (factor 14): Identifies the aforesaid community demographic risk factors AND proposes to implement 0-3 Secondary Prevention services in a community with a demonstrated need. **(Maximum Score 10 points)**

| |
|---|
| Total Maximum Score Possible = 100 |
|---|

Instructions for the Application Face Sheet

Complete the application face sheet in readable type. (Form is attached):

1. Fiscal Agent Information: Complete this section for the applicant's fiscal agent:
 - a. Give the entire fiscal agent's name. Do not abbreviate or use acronyms.
 - b. Give the fiscal agent's address.
 - c. Give the city, state and zip code in which the fiscal agent is located.
 - d. Give the county in which the service(s) will be provided.
 - e. Give the name and telephone number of the person who will act as the authorized signatory for the grant application.
 - f. Give the fiscal agent's federal I.D. number.
 - g. Give the state and federal legislative representative's name and district number in which the fiscal agent is located.

2. Service/Project Information: Complete this section based on the service/project for which 0-3 Secondary Prevention money is being requested.
 - a. State the entire service/project name. Do not abbreviate or use acronyms.
 - b. List the name and telephone number of the project director or contact person. (Questions about the application will be directed to this individual.)
 - c. State the amount of 0-3 Secondary Prevention funds being requested.
 - d. List the total cost of the service/project including requested funding, cash match, and in-kind match.
 - e. Indicate the target population to be served by the service/project.

CTF OFFICE USE ONLY: APP # _____ TEAM # _____

APPLICATION FACE SHEET FOR FY-08 0-3 SECONDARY PREVENTION GRANTS
(Before completing this form, carefully read the instructions)

1. Fiscal Agent Information

Fiscal Agent

Address

City, State, Zip Code

County(ies) where services will be provided

Authorized Signatory (Print and Sign name)

Telephone: _____ e-mail: _____

Federal I.D. Number

State Senator: _____ Dist. No. _____

State Representative: _____ Dist. No. _____

Federal Representative: _____ Dist. No. _____

2. Service/Project Information

Name of Service/Project

Project Director's Name, Signature & Telephone Number

e-mail address: _____

Amount of Funds Requested: \$_____

Total Cost of Project: \$_____

Target Population: _____



Children's Trust Fund
Protecting Michigan's Children

Community Collaborative (CC) Endorsement and Disclosure Form

Conflict of Interest Disclosure

Our Community Collaborative has received a request to review a grant application from the following applicant for 0-3 Secondary Prevention funding:

We have polled the membership present at this session with regard to any potential conflict of interest. I certify that

- ☐ All members present assert that they have no personal or financial interest in any of the above listed applications (nor do members of their immediate families).
- ☐ Those members acknowledging a personal or financial interest have excused themselves from the endorsement proceedings.

_____, CC Chair Person

County of _____

Endorsement of Grant Application

In accord with PIT Information Advisory No. 64 (April 1999), our CC has reviewed all applications submitted, asked questions regarding the applications, provided feedback regarding the contents of the application to the applicants, and has chosen the following application(s)* to recommend for funding:

_____, Chair _____, County CC

Please note:

- Only one application from counties with a population less than 500,000 may be endorsed for submission.
- More than one application may be endorsed from counties with a population over 500,000.

APPLICATION GUIDELINES

Please submit the original and four (4) copies (5 total) of the application.

Application Format and Submission Requirements (for original and copies)

Format:

- Single-spaced.
- Tachoma, Times New Roman or Verdana 12 pt. font.
- Stapled or bound.

The application and each copy MUST BE submitted in the following order.

1. Application Face Sheet – original signature by authorized signatory.
2. CC Endorsement and Disclosure Form - signed by the Chair of the CC.
3. Narrative (10 page limit).
4. Implementation Plan – with timelines.
5. FY-08 Preliminary Plan for use in conjunction with the 0-3 Program Indicators.
6. CTF Budget Plan Summary Worksheet– original signature by the authorized signatory.
7. Budget Detail (DHS-468) and Budget Detail Narrative (MS Word format detailing the proposed expenditure plan).
8. Documented Agreements
9. Comprehensive Community Prevention Plan
10. Miscellaneous Attachments are acceptable.

▪ **Applications must contain the above components in the order listed to be considered for funding.**

▪ **An Application Checklist is attached below.**

APPLICATION CHECKLIST FOR GRANT APPLICANTS

(Applicant's **must** include this checklist with their application submission.)

- ☐ Is the application single-spaced?
- ☐ Times New Roman, Tahoma or Verdana 12 pt. font.
- ☐ Is the Application Face Sheet signed by the authorized signatory?
- ☐ Is the Budget Plan Form signed by the authorized signatory?
- ☐ Are the budget line items calculated correctly?
- ☐ Are there any miscellaneous forms that need to be attached?
- ☐ Is the application complete and the original and ALL four copies in the following order?
 - ☐ Application Face Sheet
 - ☐ CC Endorsement and Disclosure Form
 - ☐ Narrative
 - ☐ Implementation Plan
 - ☐ CTF Budget Summary Statement
 - ☐ DHS-468 Budget Detail and Supporting Budget Narrative
 - ☐ Documented Agreements
 - ☐ Comprehensive Community Prevention Plan
 - ☐ Miscellaneous Attachments (if applicable)
 - ☐ Is the application stapled or bound?

Applications not meeting the above requirements will be disqualified.



Children's Trust Fund

Protecting Michigan's Children

Attachments

SAMPLE

(This example is not meant to suggest collaborative partners or roles in the 0-3 grant).

DOCUMENTED AGREEMENT

The following agencies agree to participate in the 0-3 Secondary Prevention Project. The following summarizes the responsibilities of each agency:

XYZ Schools will provide screening/assessment/referral, data collection, office space for one direct care worker, and program support for home-based weekly intervention services to 50 families that reside within the county. The program director will also support the 0-3 workgroup by attending meetings and collaborating with member agencies.

The Department of Human Services will provide referrals to the Parent Support program from families who have an unsubstantiated case of child abuse or neglect or are thought to be at risk. Families that have an active case on the Protective Service caseload will not be referred. DHS also agrees to participate in the 0-3 workgroup.

The Child Abuse and Neglect Council will coordinate collaborative meetings of the 0-3 workgroup, prepare quarterly/final reports and serve as the fiduciary for the grant.

The Health Department will provide referrals to the program, provide cash match for a worker to conduct weekly parenting sessions, provide the match for indirect costs, and attend the 0-3 workgroup meetings.

The Community Collaborative will provide oversight on the project and assist with locating funding for the program. The CC coordinator will also attend the 0-3 workgroup meetings.

ABC University Evaluator, **Joe Black**, will attend all 0-3 workgroup meetings and provide the outcome evaluation for the project.

The following agencies have agreed to refer families to the Parent Support program and participate in the 0-3 workgroup: Catholic Social Services, Lutheran Social Services, MSU Extension, Randolph Community Center, Community Mental Health, and the Family Resource Center.

_____, Executive Director

Child Abuse Council

_____, Superintendent

XYZ Schools

_____, Chair

Community Collaborative

_____, Director

Catholic Social Services

_____, Director

MSU Extension

_____, Director

Department of Human Services

_____, Health Officer

Health Department

Joe Black, Evaluator

ABC University

_____, Director

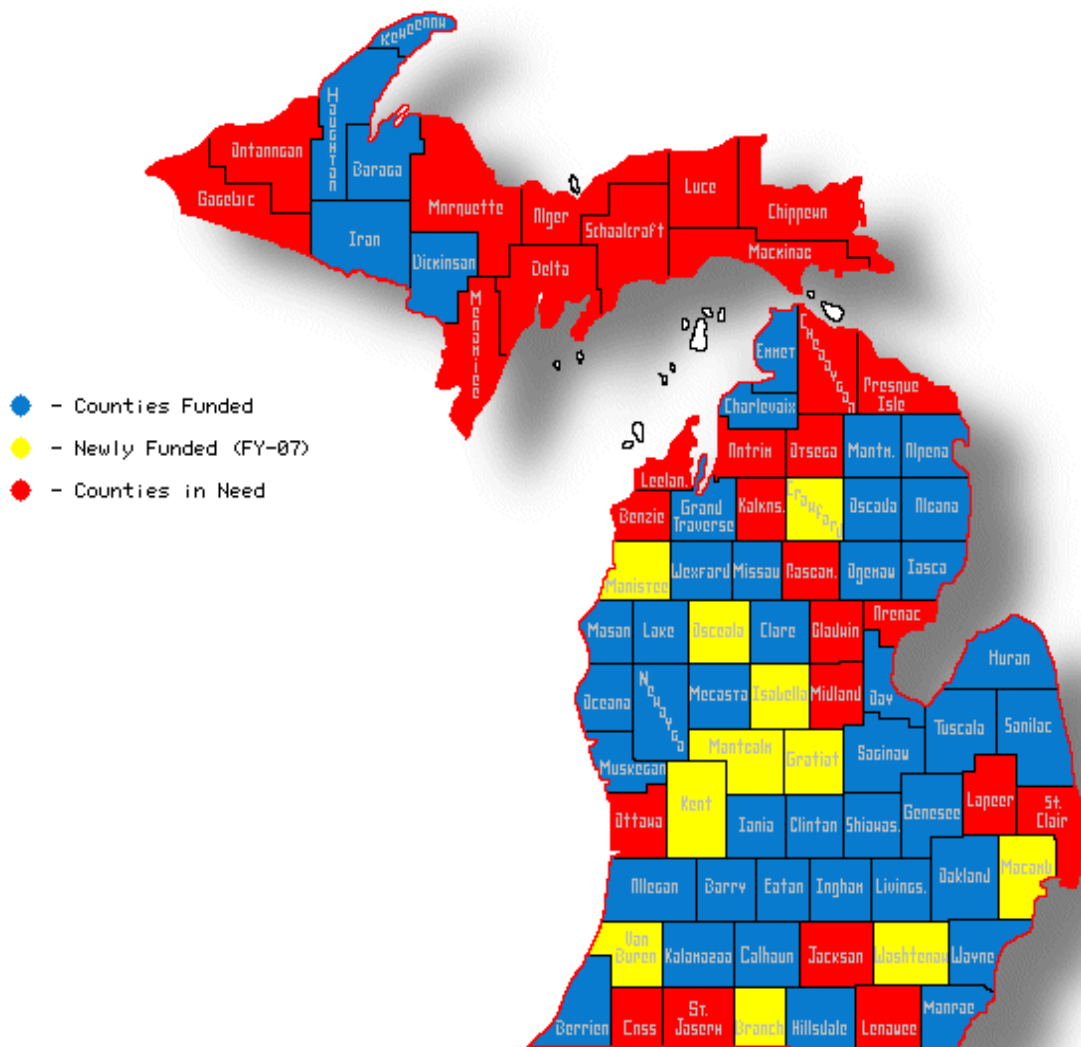
Lutheran Social Services

_____, Director

Community Mental Health

Zero to Three Secondary Prevention Services by County

as of September 30, 2007



11-27-06

Michigan
Department of Human Services
Office of Contracts and Rate Setting

Contract Budget Preparation Program

The objective of this program is to facilitate the completion of DHS Form CM-468 for submission to the Office of Contracts and Rate Setting as part of the contract application process. The Michigan Department of Human Services delivers social services to qualified state residents through the efforts of agency personnel and non-agency personnel. Non-agency personnel deliver services pursuant to contract terms mutually agreed to by the agency and the contractor. Some applications must be accompanied by a budget. Please utilize this program to prepare the budget form. Users loading this workbook as a working copy of a template should save the file under a different name. Click on File from the menu above; then choose Save As.

Several changes have been made to this version of the CM-468EX. Please click the link below to view those changes. All other versions will be obsolete as of October 1, 2006.

[Revision Changes](#)

CM 468-EX Changes on August 2006 update

1. Update name change
2. Date printed appears in right hand lower corner of each page
3. Elimination of cents
4. Automatic computations: i.e. Annual salary X percentage of time spent on program, time spent on program X DHS portion, social security, Medicare
5. Notes automatically pop up in areas that have been problems in the past, i.e. unemployment base, workman's compensation amount.
6. Break out of FICA - Social Security 6.2%, Medicare 1.45%
7. Section on transportation page for training mileage
8. Removed CM-4074 (line item transfer) and instructions. This form is available on the Web.

Michigan DHS - OCRS - Contract Budget Preparation Program

Main Menu

Complete all budget sections which apply to your contract or bid proposal (Salary, Fringe Benefits, etc).

When you have completed and saved all pertinent sections:

- * For bid response, print completed form and follow instructions in Request For Quote (RFQ)
- * For awarded contract budgets, submit completed forms with contract to DHS Contract Administrator electronically.

The command buttons on this sheet are available to assist in navigating through the form.

The sheet tabs below can also be used.

| | | | |
|--------------------|----------------------|---------------------|-----------------|
| Salaries and Wages | Getting Started | Equipment | |
| Fringe Benefits | Budget Summary Sheet | Transportation | |
| Occupancy | | Contracted Services | |
| Communication | Save File | Specific Assistance | |
| Supplies | Print Options | Miscellaneous | |
| Purpose | Guidelines | Instructions | Comments |

I. CONTRACT BUDGET PURPOSE

A potential contractor may be asked to prepare a budget as part of a bid response or for a sole source purchase. The budget is used for two different purposes:

1. BASIS FOR REIMBURSEMENT:

Actual Cost Reimbursement Method. The approved projected budget is part of the contract and serves as the basis for payment. Total expenditures are limited to the total budget amount. The contractor is paid actual expenditures made in accordance with the budget. Expenditures cannot exceed 5% or \$1,500, whichever is greater, of any line item without a line transfer from underspent line items in the same budget approved in advance by the Office of Contracts and Rate Setting (OCRS). The required form, Line Item Transfer Request (CM-4070EX) can be found on the DHS website.

2. DOCUMENTATION TO SUPPORT REASONABLENESS OF PRICE:

Unit Rate Reimbursement Method. The approved projected budget is used to justify the unit price, particularly in sole source awards. The budget is used as basis for negotiation, or to analyze (together with the narrative proposal) the resources to be used in providing service. The budget does not control expenditures or serve as the basis for payment because the contractor is paid a set price for each unit of service provided. The unit rate cannot be changed during the term of the contract, unless the contract specifically provides for a rate change.

II. Getting Started

Summary Sheets

If multiple service types are to be delivered under the contract, spread the various expenditures between the service categories after you have completed the individual spreadsheets detailing expected spending (Salaries, Fringe Benefits, Occupancy, etc.). Use the second Budget Summary sheet if there are additional services.

The "Total Program Cost" column and the "DHS Contract Portion" column will fill in automatically based on the dollar amounts you enter on each detail page. Match or In-Kind portion of the program fields must be completed manually on each detail page. The totals will transfer automatically to the Total Program Budget Summary.

Spreadsheets

The individual detail pages permit the entry of data only in the appropriate cells (shaded light yellow in color). If the instructions at the top of each sheet are inadequate, there is a "Help" button in the upper right hand corner which will display additional information when clicked. If you are new to the budget preparation process, it is suggested that you read the "Purpose", "Guidelines" and "Instructions" pages of the program for useful background information. If you still have questions, call the Office of Contracts and Rate Setting in Lansing at (517) 373-3724.

Navigating

A data input range is available for each detail page. When the range is selected you can press the tab key or the enter key to move between data input cells. Enable the range by selecting the appropriate range name from the range name list box. The name of the spreadsheet you are on corresponds to the name of the range for that spreadsheet. (For instance, "range_Salary" is the data input range used on the Salary sheet.) To display the range name list box, click on the downward pointing arrow on the left side of the format bar immediately above the spreadsheet. You can also move to different pages within the workbook by using the labeled tabs at the bottom of the page.

Comments Page

A comments page is included on this form for your use if you need to supplement your proposed budget with additional information. Click on the Comments button to access that page.

Printing

Print the sheets which you need using the printing features of MS-Excel, or click on the Print Options button at the Main Menu and make your selections from there.

Screen Images

If the text image on your screen becomes distorted, that does not necessarily mean the your data has been corrupted. Save your work and exit the program. When you re-enter the program the problem should be gone. Printing is not normally affected.

Not Enough Pages

Open a second, separate, copy of the CM-468ex workbook and enter the remaining unrecorded cost items on the appropriate spreadsheet(s) provided in that new workbook. It is important to remember that the total of costs recorded on a supplemental page(s) must be included in the body of the main workbook for those costs to be picked up and added to the total figures on the Summary page of the spreadsheet provided for that category of cost. In the item description space there should then be a reference to the supplemental page. For example: "Total (item type) from Supplemental page". A printed copy of a supplemental page should also be very clearly marked as being a supplemental page.

IV. CONTRACT BUDGET INSTRUCTIONS

(DETAIL FORMS)

1. **DEFINITION:** Self-explanatory
2. **INSTRUCTIONS:** Self-explanatory
3. **METHOD OF ALLOCATION:** For each line item, insert in the space provided above the column headings, the letter that corresponds to the method of allocation used to determine the percentage figure for column 3 on the form. The method of allocation refers to how the potential contractor determined the amount of a cost that could be attributed to the DHS portion of the service(s)/program. An acceptable cost allocation method is one that equitably assigns program expenditures according to service delivery and shall be documented in the contractor's bookkeeping records.
4. **COLUMN 1. - COST ITEM (TOTAL COST):** Each cost item must be separately identified and detailed. Show method of computation. No items may be combined as one cost unless their combined cost is less than \$100.
5. **COLUMN 2. - TOTAL PROGRAM:** Column 2 should include the total cost to the potential contractor to provide the type of program or service for which a budget is being submitted, and includes the cost of the services to be purchased by DHS plus the costs of providing similar services to non-DHS clients paid from other funding sources.
6. **COLUMN 3. - %DHS:** Determine the portion of the cost item that can be allocated to DHS (see item 3 above). Enter the percentage allocated to DHS in column 3. This percentage should be consistent among all line items unless another method of allocation is more appropriate for an individual line item.
7. **COLUMN 4. - DHS CONTRACT PORTION:** This program will multiply each cost in column 2 by the percentage figure in column 3 and enter the resulting figure in Column 4. This is DHS' portion of the cost item. Each figure in column 4 must be equal to or less than the corresponding figure in column 2.
8. **COLUMN 5. - MATCH OR IN KIND PORTION (If applicable)** Must be filled in manually.
9. **TOTAL:** The workbook will total columns 2 and 4 and 5 if applicable based on the dollar amounts entered.
10. **COMMENTS:** Enter any additional information or explanation necessary for any of the line items use Comments page if not enough room on detail page.

SAMPLE

ZERO to THREE SECONDARY PREVENTION BUDGET PLAN for the PERIOD of APRIL 1, 2008 to SEPTEMBER 30, 2008

I.) Name of Fiscal Agent: Your Name Here

II.) Name of Service/Project: Your Project Name Here

III.) Total Cost: \$73,000.00

| IV.) Sources of Funding: | \$ | % of Grant |
|------------------------------------|--------------------|------------|
| A. 0-3 Secondary Prevention Funds: | \$50,000.00 | |
| B. Local Cash Match Amount: | \$10,600.00 | 21% |
| C. Local In-Kind Match Amount: | \$7,400.00 | 15% |
| D. Other Sources of Cash Funding: | \$5,000.00 | 10% |
| E. TOTAL COST (Sum of A,B,C & D) | <u>\$73,000.00</u> | |

Match must be 25% (minimum) of 0-3 Funds. There is a 15% minimum cash match requirement. Federal funds may not be used as matching funds (e.g., SF/SC, Early-On, Head Start, etc.) Legislation mandates that matching funds be local source contributions. Federal funds that support the 0-3 Secondary Prevention program can be itemized in the "Other Sources of Cash Funding" (Other Cash) to accurately show total program costs.

| Program Line Item | 0-3 Funds | Cash Match | In-Kind Match | Other Cash | Total Project Cost |
|----------------------------|--------------------|--------------------|-------------------|-------------------|--------------------|
| A. Salaries (Personnel) | \$20,000.00 | \$5,000.00 | \$3,000.00 | \$5,000.00 | \$33,000.00 |
| B. Fringes | 3,000.00 | 600.00 | | | 3,600.00 |
| C. Administrative | 2,500.00 | | 750.00 | | 3,250.00 |
| D. Contractual | 7,500.00 | | 500.00 | | 8,000.00 |
| E. Supplies | 1,750.00 | 1,000.00 | 500.00 | | 3,250.00 |
| F. Transportation (Travel) | 2,000.00 | 850.00 | | | 2,850.00 |
| G. Equipment | 4,500.00 | 2,300.00 | | | 6,800.00 |
| H. Occupancy (Rent/Lease) | 3,000.00 | | 1,500.00 | | 4,500.00 |
| I. Training | 500.00 | | 500.00 | | 1,000.00 |
| J. Evaluation | 2,000.00 | | 650.00 | | 2,650.00 |
| K. Communication | 1,750.00 | 850.00 | | | 2,600.00 |
| L. Miscellaneous | 1,500.00 | | | | 1,500.00 |
| TOTAL | \$50,000.00 | \$10,600.00 | \$7,400.00 | \$5,000.00 | \$73,000.00 |

List All Sources of Cash Match (Required):

- 1) United Way
- 2) Skillman Foundation
- 3) Private Donations ~ Fundraising
- 4) County Funds

[Signature]

02/10/2008

Original Signature of the Agency's Authorized Signatory (Required)

Date

Children's Trust Fund Approval ☒

Revised 10/07; Previous versions are obsolete and will not be accepted.





0-3 SECONDARY PREVENTION QUARTERLY REPORT NARRATIVE (FY 2008 Grant Period)

Please attach the following to this narrative report. :

- a. Narrative Report
- b. Data Collection Form (Include **2** copies)
- c. CTF Quarterly Report of Expenditures (1 page summary sheet)
- d. DHS-3469 Statement of Expenditures

Agency Name:

Program Name:

Grant Number: CTFPR-

Amount of Grant: \$

Date Forwarded:

Quarter (Please Check): ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

- Attach a narrative summary report for the reporting quarter including the following items:
- A description of the program activities this quarter (including changes to referral process, services provided, efforts to promote the program, etc.).
- A description of the collaborative activities that have occurred (including efforts to involve parents/consumers).
- Update Outcomes progress for the quarter
- A description of the challenges for the quarter and the efforts to resolve the challenges (if applicable).
- A summary of any budget issues (if applicable).

4th Quarter Report Only

- Include reflections on what has been learned in the reporting year, what would be change if the program were implemented again, and a description of the overall impact of the program.
- A Family Success Story.
- 31-B Mailed to Michael Gillespie

| CTF APPROVAL | |
|------------------------|--|
| Grant Monitor Approval | |
| Date Received | |

Narrative Report

- A description of the program activities this quarter (including changes to referral process, services provided, efforts to promote the program, etc.):

- A description of the collaborative activities that have occurred (including efforts to involve parents/consumers):

- A description of the challenges for the quarter and the efforts to resolve the challenges (if applicable):

- A summary of any budget issues (if applicable):

Zero to Three Outcomes Plan for Year FY-08

Quarter ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

| A: Outcomes: What do you expect will happen <u>for children and families</u> as a result of the services provided? | B: Objectives What specific, numerical target was set to demonstrate progress or achievement of the outcome within what time frame? | C: Indicators What data or tools will be used to measure progress towards or achievement of the objective? |
|--|--|--|
| Outcome expected Participants have access to information on marriage and healthy relationships | <u>Target Set:</u> 100% of families will receive information and materials on the promotion of marriage. <u>What happened:</u> | Expected data or tool: |
| Outcome expected Enhance the parenting capacities of participants | <u>Target Set:</u> Annually, 80% of parents will indicate an improvement in parenting skills as a result of 0-3 services. <u>What happened:</u> | Expected data or tool: Satisfaction survey 0-3 program register |
| Outcome expected: Improve parent/child relationships | <u>Target Set:</u> The percentage of families who remain in service will increase over 4 quarterly reports. <u>What happened:</u> | Expected data or tool: 0-3 Program register |
| Outcome expected Children will receive needed services | <u>Target Set:</u> Annually, 100% of children will participate in developmental screening. <u>What happened:</u> | Expected data or tool: 0-3 Program Register |

| A: Outcomes: What do you expect will happen <u>for children and families</u> as a result of the services provided? | B: Objectives What specific, numerical target was set to demonstrate progress or achievement of the outcome within what time frame? | C: Indicators What data or tools will be used to measure progress towards or achievement of the objective? |
|--|--|--|
| Outcome expected Children will receive needed services | <u>Target Set:</u> 100% of children screened each quarter who are suspected to have developmental delays will be referred to <i>Early On</i> Michigan or a similar program. <u>What happened:</u> | Expected data or tool: 0-3 Program Register |
| Outcome expected Children will receive needed services and be ready for school | <u>Target Set:</u> 80% of children will be up-to-date with age appropriate immunizations each quarter. <u>What happened:</u> | Expected data or tool: 0-3 Program Register |
| Outcome expected Children will receive needed services | <u>Target Set:</u> Each quarter, 75% of children are up-to-date with well-child visits <u>What happened:</u> | Expected data or tool: 0-3 Program Register |
| Outcome expected Families will receive needed services | <u>Target Set:</u> As reported quarterly, 90% of pregnant women will receive the recommended number of pre-natal care visits. <u>What happened:</u> | Expected data or tool: 0-3 Program Register |
| Outcome expected Families will receive needed services | <u>Target Set:</u> Each quarter, 85% of families served will have access to a primary health care provider. <u>What happened:</u> | Expected data or tool: 0-3 Program Register |

| A: Outcomes: What do you expect will happen <u>for children and families</u> as a result of the services provided? | B: Objectives What specific, numerical target was set to demonstrate progress or achievement of the outcome within what time frame? | C: Indicators What data or tools will be used to measure progress towards or achievement of the objective? |
|--|---|--|
| Outcome expected Families will receive needed services | <u>Target Set:</u> Annually, 100% of families will be offered a satisfaction survey <u>What happened</u> | Expected data or tool: Satisfaction survey 0-3 Program register |
| Outcome expected Children will be developmentally age appropriate | <u>Target Set:</u> 94% of children screened quarterly will meet age appropriate developmental milestones <u>What happened:</u> | Expected data or tool: 0-3 Program Register |
| Outcome expected Appropriate services will be provided to at-risk families | <u>Target Set:</u> Each quarter, Grantees report at least 50% of families served have 3 or more risk factors. <u>What happened:</u> | Expected data or tool: 0-3 Program Register |
| Outcome expected Parents will receive education regarding healthy family environments | <u>Target Set:</u> 100% of families will receive information on healthy family environments (for example, non-exposure to second-hand smoke; non-exposure to alcohol, tobacco, and other drugs). <u>What happened:</u> | Expected data or tool: |
| Outcome expected Children are not exposed to secondhand smoke | <u>Target Set:</u> 100% of families will be assessed for tobacco use and be provide information regarding cessation <u>What happened:</u> | Expected data or tool: |

ADDITIONAL COMMENTS

ZERO to THREE SECONDARY PREVENTION ~ Quarterly Report of Expenditures (FY-08)

I.) Name of Fiscal Agent: _____

II.) Name of Service/Project: _____

III.) Total Amount of Monies Granted: _____ Total Cost of Project: _____

IV.) Quarter (please check):

| | | | |
|------|------|------|------|
| 1st. | 2nd. | 3rd. | 4th. |
|------|------|------|------|

Match must be 25% (minimum) of 0-3 Funds. There is a 15% minimum cash match requirement. Federal funds may not be used as matching funds (e.g., SF/SC, Early-On, Head Start, etc.) Legislation mandates that matching funds be local source contributions. Federal funds that support the 0-3 Secondary Prevention program can be itemized in the "Other Sources of Cash Funding" (Other Cash) to accurately show total program costs.

All figures with the exception of cumulative Year to Date (YTD) totals must reflect quarterly expenditures. YTD totals must reflect expenditures from **previous** quarters for each source of funding (0-3 funds, cash match, in-kind match and other sources of cash) and must be **entered by the reporting agency**.

| Program Line Item | 0-3 Funds | Cash Match | In-Kind Match | Other Cash | Total Project Cost |
|-------------------------|-----------|------------|---------------|------------|--------------------|
| A. Salaries (Personnel) | | | | | \$0.00 |
| B. Fringes | | | | | 0.00 |
| C. Administrative | | | | | 0.00 |
| D. Contractual | | | | | 0.00 |
| E. Supplies | | | | | 0.00 |
| F. Travel | | | | | 0.00 |
| G. Equipment | | | | | 0.00 |
| H. Occupancy | | | | | 0.00 |
| I. Training | | | | | 0.00 |
| J. Evaluation | | | | | 0.00 |
| K. Communication | | | | | 0.00 |
| L. Miscellaneous | | | | | 0.00 |
| QUARTERLY TOTAL: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

YEAR TO DATE TOTALS:

| | | | | | |
|---------------|--------|--------|--------|--------|--------|
| 1st. Quarter | | | | | |
| 2nd. Quarter | | | | | |
| 3rd. Quarter | | | | | |
| 4th. Quarter | | | | | |
| Yearly Total: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Percent of Grant: #DIV/0! #DIV/0! #DIV/0! #DIV/0!

BALANCE OF GRANT:

| | |
|--------------|--------|
| 1st. Quarter | \$0.00 |
| 2nd. Quarter | \$0.00 |
| 3rd. Quarter | \$0.00 |
| 4th. Quarter | \$0.00 |

Any grant balance as of September 30th. of the current Fiscal Year must be returned to the Children's Trust Fund by October 31st. of that calendar year.

List All Sources of Cash Match (Required):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Original Signature of the Agency's Authorized Signatory (Required)

Date

Children's Trust Fund Approval ☐

Revised 10/01/07; Previous versions are obsolete and will not be accepted.



STATEMENT OF EXPENDITURES

Children's Trust Fund

- See instructions on reverse side.
- See P.A. 431 information and non-discrimination statement on reverse side.

ORIGINAL DHS RECEIPT DATE (For DHS Use Only)

1. Grant Number

CTFPR 08-

SECTION I – Complete for all Submittals

| | | | | |
|---|-------------------|--------------------------------------|-----------------------------|-------------------------|
| 1A. Name of Grantee [REDACTED] | 2. Index 60790 | 3. PCA 72364 | 4. Obj 6325 | 5. County [REDACTED] |
| 6. Period Covered by Statement FROM: [REDACTED] THRU: [REDACTED] | 7. Appn Yr 08 | 2A. Index N/A | 3A. Additional PCA's N/A | |
| 8. F.E. Number (or) Social Security Number [REDACTED] | 9. Mail Code | 10. Contract Administrator Signature | | 10a. Approval Date |

SECTION II – Bill Type

☒ ORIGINAL ☐ REVISED ☐ FINAL

☐ ESTIMATED ☐ ADDITIONAL

| | |
|--|--------------------|
| 11. Authorized DHS Approval Signature(s) (PAL) | 11a. Approval Date |
| 11b. Authorized DHS Approval Signature(s) (PAL) PRINTED | |

SECTION III – Dollars Expended

| LISTED LINE ITEM BUDGET (Listed as specified in Budget Contained in Agreement) (1) | DOLLAR AMOUNT | | |
|--|------------------|--------------------------------|---|
| | In Budget (2) | Expended This Period (3) | Cumulative Expenditures to Date (4) |
| Salaries | [REDACTED] | [REDACTED] | [REDACTED] |
| Fringe Benefits | [REDACTED] | [REDACTED] | [REDACTED] |
| Occupancy | [REDACTED] | [REDACTED] | [REDACTED] |
| Communication | [REDACTED] | [REDACTED] | [REDACTED] |
| Supplies | [REDACTED] | [REDACTED] | [REDACTED] |
| Equipment | [REDACTED] | [REDACTED] | [REDACTED] |
| Transportation | [REDACTED] | [REDACTED] | [REDACTED] |
| Contractual Services | [REDACTED] | [REDACTED] | [REDACTED] |
| Specific Assistance | [REDACTED] | [REDACTED] | [REDACTED] |
| Miscellaneous | [REDACTED] | [REDACTED] | [REDACTED] |
| TOTALS | [REDACTED] | [REDACTED] | [REDACTED] |

I hereby certify that the expenditures as stated in Section III represent actual expenditures made in accordance with the contract budget DHS-468; or that units of service provided as stated in Section IV have been provided.

Contractor Signature

Date

INSTRUCTIONS

Please Type or Print.

Section I – Complete for all submittals

Section II – Complete for all submittals

Section III – Complete for line item reimbursement only

SECTION I

1. **Contract Number** – fill in the complete contract number
- 1A. **Name of Contractor** - fill in the contractor name exactly the way it is listed on the front page of your contract.
- 2., 2A. **Index** – completed by the Department
- 3., 3A. **P.C.A.** – completed by the Department
4. **A. Obj.** – completed by the Department
5. **County** – County name.
6. **Period Covered by Statement** – fill in the beginning and ending date of the period covered by this statement.
7. **App. Year** - N/A (already completed)
8. **Federal Employer Number (or) Social Security Number** – fill in your federal identification number as it appears on Federal tax information. This is a nine digit figure. If you have no federal identification number your social security number may be used.
9. **Mail Code** – Fill in the three digit mail code which corresponds to the mail address.
10. **Contract Administrator** – To be completed by the Department.
11. **Authorized DHS Approval Signature(s) (PAL)** – to be completed by the Department.
- 10A, 11A. **Approval Date** – to be completed by the Department.
- 11B. **PRINTED Authorized DHS Approval Signature (PAL)**

SECTION II

1. **Original, Revised, Final, Estimate and Additional** – check the appropriate box.

SECTION III

- (Col. 1) **Line Item Budget** – Budget categories are listed exactly in the order that they appear on the CM-133, Budget Statement.
- (Col. 2) **In Budget** – fill in the amounts allocated for each category in the agreement. Amounts must adhere to approved line item changes, if any.
- (Col. 3) **Expended this Period** – fill in the amount spent for each category in the period you are billing the department by actual expenditures of each line item.
- (Col. 4) **Cumulative Expenditures to Date** – fill in the amount you have spent from the beginning date of the contract, including this billing period.

SIGNATURE – Signature of person administratively responsible for the contract.

Original to **Contract Payment Unit**, Suite 1018, Grand Tower Building, Lansing Copy to Contractor; copy maintained by Contract Administrator

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

AUTHORITY: P.A. 280 1939.
COMPLETION: Mandatory.
PENALTY: No payment processed.

0-3 Secondary Prevention Programs
Data Collection Form
(formerly known as the program register)
Fiscal Year 2007-2008

1. Contact Information

CTF Grant Monitor Approval _____

Name of Program/Agency: _____

County(ies) Served: _____

Program Telephone Number: () _____

Quarter of the Year: ____ 1st ____ 2nd ____ 3rd ____ 4th

Date Forwarded: _____

Completed By: _____
(Print or Type Name)

| 2. Participant Data (for all programs/services funded by the 0-3 grant) | | Quarterly Services & Year-To-Date Totals | | | | | | | |
|---|-------|--|-----|-----|-----|-----|-----|-----|-----|
| | | 1st | YTD | 2nd | YTD | 3rd | YTD | 4th | YTD |
| A. Number of Families from Previous Quarter Continuing in Services* | | | | | | | | | |
| B. Number of Families Screened | | | 0 | | 0 | | 0 | | 0 |
| C. Number of Families Assessed | | | 0 | | 0 | | 0 | | 0 |
| D. Number of Newly Enrolled Families | | | 0 | | 0 | | 0 | | 0 |
| E. Total Number of Families Served * | | | | | | | | | |
| F. Number of Newly Enrolled age 0-3 Children | | | 0 | | 0 | | 0 | | 0 |
| G. Total Number of Children age 0-3 Served * | | | | | | | | | |
| H. Number of Newly Enrolled Pregnant Women (if applicable) | | | 0 | | 0 | | 0 | | 0 |
| I. Total Number of Pregnant Women Served (if applicable) * | | | | | | | | | |
| J. Number of Families Served with 3 or more Risk Factors* | | | | | | | | | |
| K. Number of Families who "aged out" | | | 0 | | 0 | | 0 | | 0 |
| L. Number of Families Completing Service | | | 0 | | 0 | | 0 | | 0 |
| M. Number of Families Transitioned to Other Services | | | 0 | | 0 | | 0 | | 0 |
| N. Number of Families who Dropped Out of Services | | | | | | | | | |
| a. Number of families who are no longer interested in service | | | 0 | | 0 | | 0 | | 0 |
| b. Number of families that are unable to be located | | | 0 | | 0 | | 0 | | 0 |
| c. Other (please specify) | | | 0 | | 0 | | 0 | | 0 |
| d. Other (please specify) | | | 0 | | 0 | | 0 | | 0 |
| 3. Race/Ethnicity of Children Served | | | | | | | | | |
| Race: Black or African-American | Child | | | | | | | | |
| Race: Hispanic or Latin-American | Child | | | | | | | | |
| Race: White or Caucasian | Child | | | | | | | | |
| Race: Multi-Racial | Child | | | | | | | | |
| Other Race (Please Specify): | Child | | | | | | | | |
| 4. Services Provided | | | YTD | | YTD | | YTD | | YTD |
| A. Home Visits | | | 0 | | 0 | | 0 | | 0 |
| B. Parenting Classes | | | 0 | | 0 | | 0 | | 0 |
| C. Parent Support Groups | | | 0 | | 0 | | 0 | | 0 |
| D. Service Coordination | | | 0 | | 0 | | 0 | | 0 |
| E. Child Care Services | | | 0 | | 0 | | 0 | | 0 |
| F. Respite Care Services | | | 0 | | 0 | | 0 | | 0 |
| G. Transportation | | | 0 | | 0 | | 0 | | 0 |
| H. One-on-one counseling | | | 0 | | 0 | | 0 | | 0 |
| I. Phone Contacts | | | 0 | | 0 | | 0 | | 0 |
| J. Developmental Newsletters | | | 0 | | 0 | | 0 | | 0 |
| K. Developmental Assessments/Screenings | | | 0 | | 0 | | 0 | | 0 |
| L. Other Service:(Specify): | | | 0 | | 0 | | 0 | | 0 |

| 5. Outcome Data | | 1st | 2nd | 3rd | 4th |
|---|---|---------|---------|---------|---------|
| A. Number and percentage of families who have a primary health care provider | # | | | | |
| | % | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| B. Number and percentage of 0-3 age children who are up-to-date with age-appropriate immunizations | # | | | | |
| | % | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| C. Number and percentage of 0-3 age children who are up-to-date with well-child visits | # | | | | |
| | % | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| D. Number and percentage of pregnant women who received the recommended number of prenatal visits | # | | | | |
| | % | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| E. Number and percentage of 0-3 age children who participated in developmental screening during the quarter | # | | | | |
| | % | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| F. Number and percentage of 0-3 age children who met age-appropriate developmental milestones | # | | | | |
| | % | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| G. Number and percentage of 0-3 age children who did not meet age appropriate developmental milestones | # | | | | |
| | % | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| a. Number and percentage of 0-3 age children with a suspected developmental delay who were referred to appropriate services | # | | | | |
| | % | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| b. Number and percentage of families who followed through with the referral(s) to appropriate developmental services | # | | | | |
| | % | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| 6. If a participant satisfaction survey was completed this quarter, complete the following: | | | | | |
| A. Number and percentage of families sent the satisfaction survey | # | | | | |
| | % | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| B. Number and percentage of families responding to the satisfaction survey | # | | | | |
| | % | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| C. Number and percentage of families who were satisfied with 0-3 services | # | | | | |
| | % | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| D. Number and percentage of families who reported that their parenting skills improved as a result of the 0-3 service(s) | # | | | | |
| | % | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |

Zero to Three Secondary Prevention Data Collection Definitions for Monitoring and Evaluation Reporting

The purpose of this document is to provide guidance and definitions for the fields contained on the Data Collection Form (*Revised 09/28/07*). The Data Collection Form, formerly the Program Register, is used by the Zero to Three Secondary Prevention Grant Monitors to examine the progress of both the process and outcomes of grantees. Both process and outcomes are important in program monitoring; further, each of these pieces lends to the larger evaluation of the Initiative through the *Zero to Three Secondary Prevention Initiative Program Indicators*.

Formative evaluations focus on the processes of a program and answer such questions as:

- Who are we serving?
- What are the demographic characteristics of who we are serving?
- Are participants receiving recommended services?
- What other services are we providing?
- Are we doing what we said we would do?
- Are participants satisfied with services?

Summative evaluations focus on the end-results and outcomes of the program to meet the intent of the legislation, and focus on such questions as:

- Are participants better off when they leave our program?
- Do participants report improvements due to our service?
- Have objectively measurable changes been observed for our participants?

The Data Collection Form focuses primarily on the process components of programs. The outcome evaluation is using the Adult Adolescent Parenting Inventory (AAPI-2) as well as the 3-1B form which is used to evaluate participant involvement in Child Protective Services.

Therefore, the following definitions and Data Collection Form are intended to inform the process portion of the Zero to Three Secondary Prevention Initiative Evaluation.

Electronic Version of the Data Collection Form

The only cells in which data may be entered or manipulated are those in the 1st, 2nd, 3rd, and 4th Quarter Columns. The Year to Date (YTD) and all percentages cells (%) will be calculated for you. Further, the form is locked and protected so no amendments or changes can be made to the format. This is to ensure that everyone is using the same form and collecting data the same way. With increased accountability requirements, the Initiative needs to ensure that data is being collected uniformly.

Attachment A is a copy of the most recent Data Collection Form. This is solely for reference; please use the electronic version for reporting to your grant monitor.

Note: Forms not completed correctly will be returned by your monitor for revisions.

Duplicated vs. Unduplicated Counts

For consistency, definitions offered below are to clarify the difference between a duplicated and unduplicated count. For the majority of the data indicators in the Data Collection Form, the counts will be unduplicated. Items 2A, 2E, 2G, 2I, and 2J are duplicated counts.

Duplicated refers to one person, family, child, pregnant woman, etc. being counted more than once for a given period of time. For example, if the majority of families served are served over all four quarters of a grant year, and recorded as served in the appropriate manner, if the number of families served across all four quarters were added this count would be duplicated. It is duplicated because the majority of families are being served in all 4 quarters, and hence counted as served in all four quarters. The total number of families served, if added across the 4 quarters would be inflated close to a factor of 4. It is for this reason that *duplicated counts are never added*.

Unduplicated refers to the person, family, child, pregnant woman, etc. being counted only once for a given period of time. For example, the number of newly enrolled families is only counted for the quarter in which they officially enter services. That is, their enrollment will be counted only once in the 4 quarters of the grant year. If the numbers of families enrolled for each quarter are added, and each family enrolled that year is counted once, then the total number of families enrolled across the 4 quarters is unduplicated and can provide an accurate number of the newly enrolled families for the previous grant year.

Data Collection Form Indicator Definitions

Section 1: Contact Information

Name of Program/Agency: Fill in the name of the program **and** the agency holding the Zero to Three Secondary Prevention grant.

Counties Served: List all of the counties served by the grant where services are provided.

Program Telephone Number: Fill in the telephone number for the grantee contact person

Quarter of the Fiscal Year: Indicate the quarter of the report you are submitting.

1st Quarter –October 1 through December 31

2nd Quarter –January 1 through March 31

3rd Quarter –April 1 through June 30

4th Quarter –July 1 through September 30

Date Forwarded: Fill in the date this form is being sent to your grant monitor.

Completed By: Provide the name of the person completing the form.

Section 2: Participant Data

This section is intended to document the number of families and children served as well as their status in the program or when they exited services. Please complete only the column that corresponds to the quarter for which the report is intended, highlighted in Section 1.

2A. Number of Families from Previous Quarter Continuing in Services

For each quarter, enter the number of families who remain in service *from the previous quarter*. If this is the first quarter of the grant year, enter the number of families remaining in services from the 4th quarter of the previous grant year. *This is a new field starting in the first quarter of Grant Year 2006.*

Data Entry Rules for 2A:

- Record the number of families continuing in services from the previous quarter
- The number entered in 2A for each quarter should equal the total number of families served less the number of families who aged-out, the number of families who completed the service, the number of families transitioning to other services and the number of families who dropped out of services in the previous quarter:
$$[2A = 2E - (2K + 2L + 2M + 2Na + 2Nb + 2Nc + 2Nd)]$$

2B. Number of Families Screened

Screening is the initial step to determining eligibility for your program. Each screening of one family may be counted. If a family is screened more than once during

the quarter, **count this family only once**. If the same family is screened in different quarters, then the family may be counted as screened in each quarter.

Screening is an activity that can take place on paper (i.e. birth records, referral forms), phone, or face-to-face.

Data Entry Rules for 2B:

- Record the unduplicated number of families screened for each quarter in the appropriate box.
- The number screened must be greater than or equal to the number of families assessed and enrolled each quarter, but not the sum of the two: $(2B \geq 2C; 2B \geq 2D)$.

2C. Number of Families Assessed

Assessment is the second step in determining eligibility and the needs of the children and families necessary to develop service plans. If one family is assessed twice in the same quarter, **count this family only once**. If the same family is assessed in different quarters, then the family may be counted as assessed in both quarters.

Assessment is an activity that can take place only face-to-face.

Data Entry Rules for 2C:

- Record the unduplicated number of families screened for each quarter in the appropriate box.
- The number assessed must be greater than or equal to the number of families enrolled each quarter: $(2C \geq 2D)$.

2D. Number of Newly Enrolled Families

Enrollment is the formal entering in to services. In other words, the family is **officially** served¹. If a family is enrolled, exited, and enrolled again in the same quarter, the family can only be counted once. However, if the family is enrolled and **officially**² exited in one quarter, and then re-enrolls in a subsequent quarter, they may counted twice. This is the only time when a family may be counted twice in 2D.

Data Entry Rules for 2D:

- Record the unduplicated number of families enrolled for each quarter in the appropriate box.

¹ Services funded through the Zero to Three Secondary Prevention Initiative (0-3) must serve families of very young children who are at-risk of child abuse and/or neglect. Families and children are eligible to begin services prenatally and continue until services are no longer necessary or up to the child's age of 48 months.

The eligible population includes expectant parents, families whose children meet the age requirement and families who meet the definition of "secondary prevention" as outlined by the enabling legislation¹. Families who have an open Child Protective Services case with a Category I or II Disposition cannot be served through Zero to Three Secondary Prevention Services.

² Officially exiting means that the family has been taken out of the count and the final, case closing, AAPI Administration has been completed or attempted.

- The number of families enrolled must not be greater than or equal to the number of families served, unless the number of families continuing from the previous quarter is zero: $(2D < 2E)$.

2E: Number of Families Served

The number of families served is the number of families receiving Zero to Three Secondary Prevention Initiative funded services for the quarter. This number is the **total number of families served** regardless if they discontinued, aged-out, completed, or left services later in the quarter. The family was still served³.

Data Entry Rules for 2E:

- Record the number of families served for each quarter in the appropriate box.
- The number of families served is the number of families continuing from the previous quarter plus the newly enrolled families: $(2E = 2A + 2D)$.

2F: Number of Newly Enrolled Children Ages 0-3

Newly enrolled children should be recorded in this section. Enrollment is the formal entering in to services. In other words, the child is **officially** served. If a child is enrolled, exited, and enrolled again in the same quarter, the child can only be counted once. However, if the child is enrolled and **officially** exited in one quarter, and then re-enrolls in a subsequent quarter, they may be counted twice. This is the only time when a child may be counted twice in 2F.

Data Entry Rules for 2F:

- Record the unduplicated number of children enrolled for each quarter in the appropriate box.
- The number of children enrolled must not be greater than the number of children served: $(2F < 2G)$.

2G: Total Number of Children Ages 0-3 Served

The number of children served is the number of children receiving Zero to Three Secondary Prevention Initiative funded services for the quarter. This number is the **total number of children served** regardless if they discontinued, aged-out, completed, or left services later in the quarter. The child was still served.

Data Entry Rules for 2G:

- Record the number of children served for each quarter in the appropriate box.

2H. Total Number of Newly Enrolled Pregnant Women

If applicable, the number of pregnant women newly enrolled should be counted and entered. Enrollment is the formal entering in to services. In other words, the woman is **officially** served. If a pregnant woman is enrolled, exited, and enrolled again in the same quarter, they can only be counted once. However, if the woman is enrolled and **officially** exited in one quarter, and then re-enrolls in a subsequent quarter, she may

³ See Footnote 1 on the preceding page.

counted twice. This is the only time when a pregnant woman may be counted twice in 2H.

Data Entry Rules for 2H:

- Record the unduplicated number of pregnant woman newly enrolled for each quarter in the appropriate box.
- The number of pregnant women enrolled must not be greater than the number of pregnant women served: $(2H < 2I)$.

2I: Total Number of Pregnant Women Served

The number of pregnant women served is the number of pregnant women receiving Zero to Three Secondary Prevention Initiative funded services for the quarter. This number is the **total number of pregnant women served** regardless if they discontinued aged-out, completed, or left services later in the quarter. The woman was still served.

Data Entry Rules for 2I:

- Record the total number of pregnant women served for each quarter in the appropriate box.

2J: Number of Families Served with 3 or More Risk Factors

Provide the number of families served with 3 or more risk factors. The list of risk factors is included in Attachment B at the end of this document and is the same list used in the initial application for Zero to Three funding. The number of families served with 3 or more risk factors is the number of families receiving Zero to Three Secondary Prevention Initiative funded services for the quarter with 3 or more risk factors. This number is the **total number of families served** with 3 or more risk factors regardless if they discontinued, aged-out, completed, or left services later in the quarter. The family was still served. The number of families served with three or more risk factors is a sub-set of the total number of families served for the quarter and should not exceed this number.

Data Entry Rules for 2J:

- Record the number of families with 3 or more risk factors served for each quarter in the appropriate box.
- The number of families with 3 or more risk factors served should not exceed the total number of families served for the quarter as it is a sub-set of this number ($2J \leq 2E$).

2K: Number of Families who “Aged-Out”

Report the number of families who, during the relevant quarter, exited services because the youngest child enrolled in Zero to Three Secondary Prevention funded services is over three years of age (4 years of age). Because of the guiding legislation, 0-3 services can only be provided to families with children ages birth to three. These families should only be counted if they have been screened, assessed, and **officially** enrolled in 0-3 funded services, then aged out. If the families were not **officially** enrolled, do not count them in this section.

Data Entry Rules for 2K:

- Record the number of families exiting services because the youngest child is over three years of age

2L: Number of Families Completing Service

Report the number of families successfully completing their service plan and exiting in the relevant quarter. Completing services means their service plans were fulfilled to the families' satisfaction or the families' needs/goals/outcomes have been met. These families should only be counted if they have been screened, assessed, and **officially** enrolled in 0-3 funded services, and then completed services to the family's satisfaction. If the families were not **officially** enrolled, do not count them in this section.

Date Entry Rules for 2L:

- Record the number of families exiting services because they have successfully completed their service plan.

2M: Number of Families Transitioned to Other Services

Provide the number of families who exited services and transitioned to a service where their needs will be better addressed. These families should only be counted if they have been screened, assessed, and **officially** enrolled in 0-3 funded services, and then transitioned out and **officially** exited. If the families were not **officially** enrolled, do not count them in this section. These families have not completed 0-3 services; rather, they need to move to more appropriate services. This data should also include families moving out of your service area *who have been referred to services in their new area of residence*.

Date Entry Rules for 2M:

- Record the number of families transitioning to other services.

2N: Number of Families who Dropped Out of Services

Report the number of families who dropped out of services because they are no longer interested in the service, they are unable to be located, or for other reasons. These families should only be counted if they have been screened, assessed, and **officially** enrolled in 0-3 funded services, and then dropped out and **officially** exited. If the families were not **officially** enrolled, please do not count them in this section.

For 2Na, report the number of families who are no longer interested in receiving 0-3 funded services. These families should express that they no longer wish to participate either with words or actions per your program's written policy. For 2Nb, report the number of families no longer able to be contacted or located by the program. These families did not express interest in leaving the program, nor were they transitioned to other services, aged out, or completed services. For 2Nc and 2Nd, list other reasons you may have for families dropping out of services and provide the relevant data.

Data Entry Rules for 2N:

- 2Na = The number of families no longer interested in services
- 2Nb = The number of families no longer able to be contacted by the program
- 2Nc = Other reasons your program has for families dropping out of services not covered by other options and relevant data

- 2Nd = Other reasons your program has for families dropping out of services not covered by other options and relevant data

Section 3: Race/Ethnicity of Children Served

Section 3 collects data on the number of children served, per quarter, based on racial and ethnic demographics. The number of children served should be placed into one of the 5 provided racial/ethnic categories *based on the family-identified race or ethnicity*. No judgments should be made by program staff about the validity of the choice by the family of their race/ethnicity.

A multi-racial category has been added to account for those participants who may fall in to more than one race and or/ethnic category. According to the US Census Bureau², a multiracial person can choose to identify with two or more race and/or ethnic groups according to their personal identity.

The number of children served is the number of children receiving Zero to Three Secondary Prevention Initiative funded services for the quarter. This number is the **total number of children served** regardless if they discontinued, aged-out, completed, or left services later in the quarter. The child was still served.

Data Entry Rules for Section 3:

- The number of Black or African-American, Hispanic or Latin-American, White or Caucasian, Multi-Racial, and Other Race/Ethnicity should equal the number of Children Served in 2G. This number will be checked with the following method: (Section 3 = #Black or African American + #Hispanic or Latin American + #White or Caucasian + #Multi-Racial + #Other = 2G)
- Include the other races/ethnicities served in the space provided

Section 4: Service Provided

This section reports the number of activities/services/events provided by the grantee in the quarter. The services counted in this section should only be those funded through direct fund from the Zero to Three Secondary Prevention Grant or through the required match funding. This section does not count the number of families or children served, but the number of actual services provided. One unit of service is counted once.

4A: Home Visits –Initial and subsequent visits in the family home as a part of grantee programming.

4B: Parenting Classes –Education or skill-building classes presented in a group setting with curriculum on child development, parenting, local family resources, or other topics related to the prevention of child maltreatment. Each class session is counted.

4C: Parent Support Groups – A group meeting of peers to support each other and exchange information and ideas.

4D: Service Coordination –Coordinate and manage supports and services for the family and children based on identified needs through referrals, evaluation of services, contact with other service providers, etc.

4E: Child Care Services –Care services provided to children in the absence of a parent.

4F: Respite Care Services –Care services provided for children in short intervals to allow the parent/caregiver a break from parenting to enhance the positive and safe functioning of a family.

4G: Transportation –Providing transportation services to a family or group of families in order to facilitate access to needed services and supports.

4H: One-on-One Counseling –Therapeutic interventions by a qualified professional aimed at the mental health of families/individuals; Counseling meetings, home-based or otherwise, are focused on the needs of the family/individual.

4I: Phone Contacts: Provide the number of telephone contacts, both in-coming, and outgoing, provided by your program with the distinct focus on secondary prevention activities.

4J: Developmental Newsletters –Provide the number of developmental newsletters disseminated (number of newsletters mailed) per quarter to Zero to Three eligible families.

4K: Developmental Assessments/Screenings –Provide the number of developmental assessments provided per quarter. This is the number of developmental assessments/screenings provided, not the number of children receiving the assessments/screenings. Item 5E counts the number of children receiving these assessments/screenings.

4L: Other Services: Please aggregate other services not listed above and provide their names in the space provided.

Section 5: Outcome Data

This section collects data on the number of families or children served who receive certain service provisions. These indicators base their calculation on the total number of families served (2E) or the total number of children ages 0-3 served (2G) unless otherwise noted.

5A: Number and percentage of families who have a primary health care provider

Report the number of families served in the quarter who have identified a primary health care provider for their family. This should be *beyond an awareness* of a doctor or physician or other provider; it should be the identified person or agency where the family *actually* receives health services.

Data Entry Rules for 5A:

- Report the number of families served with a primary health care provider
- The number of families in 5A may not be more than the number of families reported in 2E: ($5A \leq 2E$)
- The percentage will automatically be calculated

5B: Number and percentage of children who are up-to-date with age-appropriate immunizations

Record the number of children served up-to-date with age-appropriate immunizations required by the American Academy of Pediatrics (AAP; www.aap.org). The 2005 AAP recommended immunization schedule is provided as Attachment C. Within reasonable and best efforts, the Michigan Childhood Immunization Registry (MCIR; www.mcir.org) should be used to verify immunization status. If the MCIR cannot

be accessed, other means, including parent report, may be used. Please contact your grant monitor for technical assistance.

Data Entry Rules for 5B:

- Report the number of children served up-to-date with age-appropriate immunizations
- The number of children in 5B may not be more than the number of children reported in 2G: $(5B \leq 2G)$
- The percentage will automatically be calculated

5C: Number and percentage of 0-3 age children who are up-to-date with well-child visits

Record the number of the children receiving the recommended AAP Preventive Pediatric Health Care (well-child visits) in the given quarter. The Recommendation for Preventative Pediatric Health Care (RE9535) is provided as Attachment D.

Data Entry Rules for 5C:

- Report the number of children served who are up-to-date with well-child visits
- The number of children in 5C may not be more than the number of children reported in 2G: $(5C \leq 2G)$
- The percentage will automatically be calculated

5D: Number and percentage of pregnant women who received the recommended number of prenatal visits

Record the number of pregnant women served who received the recommended number of prenatal visits by the American College of Obstetricians and Gynecologists (ACOG; www.acog.org) during the given quarter. The recommended prenatal visit schedule for a typical 40 week pregnancy is provided in Attachment E. Please contact the ACOG or the Michigan Department of Public Health for more information.

Data Entry Rules for 5D:

- Report the number of pregnant women served who are receiving the recommended number of prenatal visits for the given quarter
- The number of women in 5D may not be more than the number of women reported in 2I: $(5D \leq 2I)$
- The percentage will automatically be calculated

5E: Number and percentage of 0-3 age children who participated in developmental screening during the quarter

Record the number of children whose development was assessed during the quarter. It is understood that not all children will be eligible for a developmental screening each quarter, so numbers may not include all the children ages 0-3 served. The intensity of screenings should follow the timeline provided with the screening tool each grantee is using. For example, the Ages and Stages Questionnaire, a common tool, has 19 screenings available from birth to 4 years of age, and is flexible to be used at many different intervals.

As in item 4I.3, the terms assessment and screening are interchangeable for developmental evaluation activities.

Data Entry Rules for 5E:

- Report the number of children served who participated in developmental screening for the given quarter
- The number of children in 5E may not be more than the number of children reported in 2G: $(5E \leq 2G)$
- The percentage will automatically be calculated

5F: The number and percentage of 0-3 age children who met age-appropriate developmental milestones

Record the number of children who received a developmental screening in the quarter and met the developmental milestones for their age group within the normal or above normal ranges. This number is based on the number of children who received a developmental screening in the quarter, not all the children served in the given quarter.

Data Entry Rules for 5F:

- Report the number of children who received a developmental screening in the quarter and met age-appropriate developmental milestones
- The number of children in 5F may not be more than the number of children reported in 5E: $(5F \leq 5E)$
- The percentage will automatically be calculated

5G: Number and percentage of 0-3 age children who did not meet age appropriate developmental milestones

Record the number of children who received a developmental screening the quarter and *did not meet* developmental milestones for their age group. This number is based on the number of children who received a developmental screening in the quarter, not all children served.

Data Entry Rules for 5G:

- Report the number of children who received a developmental screening in the quarter and did not meet age-appropriate developmental milestones
- The number of children in 5G may not be more than the number of children reported in 5E: $(5G \leq 5E)$
- The number reported in 5G, when added to the number reported in 5F, must equal the number reported in 5E: $(5G + 5F = 5E)$
- The percentage will automatically be calculated

5Ga: Number and percentage of children with a suspected developmental delay who were referred to appropriate services

Record the number of children for the quarter who received a developmental screen, did not meet their age-appropriate development, and were referred for appropriate developmental services. This number is based on the number of children who did not meet their developmental milestone, not the total number of children receiving screens nor the total number of children served.

Data Entry Rules for 5Ga:

- Report the number of children who received a developmental screening in the quarter and did not meet age-appropriate developmental milestones, and hence were referred to appropriate services
- The number of children in 5Ga may not be more than the number of children reported in 5G: ($5Ga \leq 5G$)
- The percentage will automatically be calculated

5Gb: Number and percentage of families whose children were referred for developmental services that followed through with the referral

Record the number of referrals for developmental services for which families followed through with the referrals. This number is based on the number of children/families referred for developmental services, not the number of children who did not meet developmental milestones, or those screened or the total number of children served.

Data Entry Rules for 5Gb:

- Report the number of children who received a developmental screening in the quarter and did not meet age-appropriate developmental milestones, and hence were referred to appropriate services and followed through with the referral
- The number of children in 5Gb may not be more than the number of children reported in 5Ga: ($5Gb \leq 5Ga$)
- The percentage will automatically be calculated

Section 6: Participant Satisfaction

Participant satisfaction surveys are not required for every quarter, but at least once during the grant year as part of the locally-based program evaluation. Section 6 is intended to organize data on participant satisfaction with 0-3 funded services as well as participant reports of impact.

6A: Number and percentage of families sent the satisfaction survey

Report the number of families served who were sent/given the satisfaction survey for the given quarter. If no families received the survey in the quarter, enter a zero (0) and do not proceed with the remainder of the section. This is a new data field starting in Grant Year 2006.

Data Entry Rules for 6A:

- Report the number of families receiving the satisfaction survey for the given quarter.
- The number of families in 6A may not be more than the total number of families served as reported in 2E: ($6A \leq 2E$)

6B: Number and percentage of families responding to the satisfaction survey

Report the number of families served who received a satisfaction and who completed and returned the survey for the given quarter. This number is based on the number of families receiving a survey, not on the total number of families served. This is a new data field starting in Grant Year 2006.

Data Entry Rules for 6B:

- Report the number of families receiving the satisfaction survey *and* returning the completed survey for the given quarter.
- The number of families in 6B may not be more than the number of families receiving surveys as reported in 6A: ($6B \leq 6A$)

6C: Number and percentage of families who were satisfied with 0-3 services

Report the number of families who received and returned the satisfaction survey and who were served in 0-3 services. This number is based on the number of families who received, completed, and returned the satisfaction survey, not on the number of families served for the quarter.

Data Entry Rules for 6C:

- Report the number of families receiving the satisfaction survey who returned the completed survey for the given quarter and indicated satisfaction with 0-3 services.
- The number of families in 6C may not be more than the number of families receiving and returning surveys as reported in 6B: ($6C \leq 6B$)

6D: Number and percentage of families who reported that their parenting skills improved as a result of the 0-3 service(s)

Report the number of families who indicated an impact on their parenting skills by participation in 0-3 services. This number is based on the number of families who received and returned a complete satisfaction survey, not on the total number of families served.

Data Entry Rules for 6D:

- Report the number of families receiving the satisfaction survey *and* returning the completed survey for the given quarter who indicated that the 0-3 services in which they participated improved their parenting skills
- The number of families in 6D may not be more than the number of families receiving and returning completed surveys as reported in 6B: ($6D \leq 6B$)

ZERO TO THREE SECONDARY PREVENTION INITIATIVE

PROGRAM INDICATORS

FY 2006

October 1, 2005

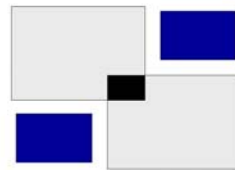
CREATED BY:

THE ZERO TO THREE SECONDARY PREVENTION STEERING COMMITTEE

AND

GILLESPIE RESEARCH, LLC

MICHAEL D. GILLESPIE, MSW



ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Introduction:

The Zero to Three Secondary Prevention Initiative Program Indicators were created to address the building reality of outcomes and accountability for programs and services. The overarching purpose of this set of indicators is to systematically collect data from the entirety of grantees, and aggregate this data to inform the system as a whole. The Indicators are not designed to measure performance at the grantee level, rather to assure to stakeholders, including the State Legislature, that the Initiative is outcome-driven. Further, it will allow the Initiative to show that impacts are being made on the population served which warrant continued funding and support.

Traditionally, indicators for Zero to Three reporting were based on those established by the Zero to Five Advocacy Network of Michigan (ZFAN), an advocacy group working on behalf of service providers for infants and toddlers. These indicators, eight in total, were created for a larger service system, focusing on any home visitor services for families with children ages birth to five. The indicators created by the Zero to Three Secondary Prevention Steering Committee focus in on the ideas of ZFAN, and expand the number of indicators to cover the specificity of programs and services funded through Zero to Three. Therefore, these indicators are specific to the Initiative, intended for use by the Initiative, and weigh the accountability of the Initiative. In essence, they provide the framework for the system to respond to the requirements established by law.

The method through which the indicators were created focused on the history of data previously collected by grantees as well as an incorporation of new mandates and projects. In sum, the indicators created minimal new data points; rather, the indicators use and respond to the data already being collected by grantees through quarterly reporting requirements, state-wide evaluation efforts, grant agreements, and funding applications.

Percentage goals for meeting the indicators and outcomes were established through a process of informed research. Historical Initiative data was used to establish a base-line predicated on past performance. For goals concerning indicators for which data from the Adult-Adolescent Parenting Inventory (AAPI-2) will be employed, a set of pilot data from over 2 years of AAPI-2 use was used to determine levels of success. Additionally, State of Michigan trend data, such as immunizations rate, were used to inform goals concerning such information.

The indicators were also crossed with those created by the larger early childhood system in Michigan, known as the Early Childhood Comprehensive System. This allows for the work being done by Zero to Three providers to be connected and inform the larger early childhood system. Finally, the indicators, in draft form, were sent to current Zero to Three Grantees for comments and feedback. The suggestions and remarks provided by the Grantees aided in shaping this final version of the system's accountability.

In closing, it is important to remember that accountability and outcomes are at the forefront of the decision-making process. Programs need to have the capacity to report to stakeholders in a systematic and coherent way; it is through these indicators that the Zero to Three Secondary Prevention Initiative will be accountable. By holding the system responsible for outcomes, it is the vision that

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

the Zero to Three Secondary Prevention Initiative will remain in the forefront of providing high quality, effective and important child abuse and neglect prevention services for Michigan's families.

Description of Indicator Format:

The indicators are grouped by a series of information, including Evaluation Focus Areas and Outcomes. Further, the indicators are crossed with statistics already established by the larger early childhood system; the data source from which the indicator will be informed is also provided. Below is a description of each field in the matrices on the following pages.

| | |
|-------------------------------|---|
| <i>Evaluation Focus Area:</i> | These focus areas are the classification of program intents as legislated by the State of Michigan. In all, Zero to Three Secondary Prevention includes 7 general focus areas: Promotion of Marriage, Foster Positive Parenting Skills, Improved Parent/Child Interactions, Promote Access to Needed Community Services, Improve School Readiness, Increase Local Capacity to Serve Families at-Risk, and Support Healthy Family Environments that Discourage Alcohol, Tobacco, and Other Drug Use. |
| <i>Outcomes:</i> | The outcomes were established to organize the data and information processed through the indicators themselves. They focus the indicators in to groups to help inform the overall legislated focus areas. |
| <i>Indicators:</i> | The main focus of this document, the indicators lay-out the exact specification of what information will inform the outcomes and the focus areas. |
| <i>ECCS Indicator:</i> | The column provides the indicator number and letter for which it corresponds in the Early Childhood Comprehensive System. This enables users to see how the Initiative is addressing similar issues as the larger early childhood system, as well as provide data to this system. |
| <i>Data Source:</i> | The data source gives the resource from which data will be collected to inform the indicator. |
| <i>Definition:</i> | Preceding each focus area, the definition outlines the Steering Committee's characterization of each focus area and their outcomes and indicators. In general, these definitions provide direction for understanding the focus areas in the context of secondary prevention and early childhood development. |

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Promotion of Marriage: Efforts that support healthy relationships so that child well-being is maximized, including¹:

- Strengthening parenting skills
- Enhancing positive relationship skills including effective communication and problem solving
- Promoting father involvement
- Preventing domestic violence

| Evaluation Focus Area | Outcomes | Objective/Indicator | ECCS Indicator | Data Source |
|------------------------------|---|---|----------------|------------------------|
| PROMOTION OF MARRIAGE | Participants have access to information on marriage and healthy relationships | 1) 100% of grantees will provide information and materials on the promotion of marriage. | | Annual Contract Review |

¹ Karen Shirer, Michigan State University Extension, *Caring for My Family* Curriculum

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Foster Positive Parenting Skills: Supporting parents in strengthening those characteristics that lend stability to their child’s development, including²:

- Increased understanding of child development
- Increased awareness and responsiveness to child’s engagement strategies
- Increased understanding of appropriate child discipline techniques
- Providing a safe and nurturing home environment

| Evaluation Focus Area | Outcomes | Objective/Indicator | ECCS Indicator | Data Source |
|---|---|--|----------------|----------------------------------|
| FOSTER POSITIVE PARENTING SKILLS | Increase at-risk parenting attitudes to normal, positive sustainable levels | 1) Of those with AAPI-2 pre-test scores near at-risk levels, 60% will increase them to normal levels prior to discharge from the program. | | AAPI-2 Data |
| | | 2) 85% of participants will not have AAPI-2 scores drop to at-risk levels when a previous administration indicated them as ‘normal’. | | AAPI-2 Data |
| | | 3) Of those whose AAPI-2 scores drop to at-risk levels after the pre-test scored them as ‘normal’, 80% will raise them to positive levels by the next administration. | | AAPI-2 Data |
| | | 4) Quarterly, 80% of parents will show an increase or maintain the level of how they rate their parenting skills. | 8.b. | AAPI-2 Demographic Questionnaire |
| | Improve parent’s understanding of child development | 1) 60% of participants will show an increase on the “Appropriate Parental Expectations” Construct from the pre-test to the second administration. | | AAPI-2 Data |

² *Effective Home Visiting for Very Young Children – 1, MSU Best Practice Briefs No. 17, 1999-2000, p. 2*

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

| Evaluation Focus Area | Outcomes | Objective/Indicator | ECCS Indicator | Data Source |
|---|--|--|----------------|----------------------------------|
| FOSTER POSITIVE PARENTING SKILLS | Enhance the parenting capacities of participants | 1) For each grantee, the mean AAPI-2 score on a single construct will increase between .25 and .75 points between each administration. | | AAPI-2 Data |
| | | 2) 65% of participants will show an increase in AAPI-2 scores, significant or not, from the pre-test to the 2nd administration in at least 3 constructs. | | AAPI-2 Data |
| | | 3) 65% of participants will show an increase in AAPI-2 scores, significant or not, from the pre-test to the 3rd administration in at least 3 constructs. | | AAPI-2 Data |
| | | 4) Annually, 80% of parents will indicate an improvement in parenting skills as a result of 0-3 services. | 8.b. | 0-3 Program Register |
| | | 5) 5% of newly enrolled parents will report having previously utilized a parenting education program. | 8.a. | AAPI-2 Demographic Questionnaire |
| | | 6) 100% of grantees who serve parents of newborns will provide or ensure access to parenting skills classes or individual instruction focused on basic care and child safety. | 8.c. | 0-3 Program Register |

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Improved Parent/Child Interactions: To assist and support parents to be appropriately responsive, consistent with the child's development and safety, including the child's³:

- Bids for attention,
- Moods,
- Emotional states,
- Expressions of interests, and
- Efforts to communicate.

| Evaluation Focus Area | Outcomes | Objective/Indicator | ECCS Indicator | Data Source |
|---|------------------------------------|--|----------------|----------------------------------|
| IMPROVED PARENT/CHILD INTERACTIONS | Improve parent/child relationships | 1) 95% of participants will show an increase in how they rate their quality of relationships with their children from their pre-test to their final administration of the AAPI-2. | | AAPI-2 Demographic Questionnaire |
| | | 2) The percentage of families who remain in service will increase over 4 quarterly reports. | | 0-3 Program Register |

³ Shonkoff, J. P. and Phillips, D. A. (Eds.) (2000). *Neurons to Neighborhoods: The science of early childhood development*. Washington, D.C.: National Academy Press

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

| Evaluation Focus Area | Outcomes | Objective/Indicator | ECCS Indicator | Data Source |
|---|-------------------------------|--|----------------|-------------|
| IMPROVED PARENT/CHILD INTERACTIONS | Infants and toddlers are safe | 1) 96% of children in families served will not have Category 1 or 2 CPS Dispositions while enrolled in services. | 7.a. | 0-3 31-B |
| | | 2) 96% of children in families served will not have a Category 3 CPS Disposition while enrolled in services. | 7.a | 0-3 31-B |
| | | 3) 90% of children in families served will not have a Category 1 or 2 CPS Disposition 6 months after exiting from the program. | 7.a. | 0-3 31-B |
| | | 4) 90% of children in families served will not have a Category 3 CPS Disposition 6 months after exiting from the program. | 7.a | 0-3 31-B |
| | | 5) 90% of children in families served will not have a Category 1 or 2 CPS Disposition 12 months after exiting from the program. | 7.a. | 0-3 31-B |
| | | 6) 90% of children in families served will not have a Category 3 CPS Disposition 12 months after exiting from the program. | 7.a | 0-3 31-B |

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Promote Access to Needed Community Services: Programs assist families to identify services to meet family needs and assist to remove any barriers to access⁴.

| Evaluation Focus Area | Outcomes | Objective/Indicator | ECCS Indicator | Data Source |
|--|---------------------------------------|--|----------------|----------------------|
| PROMOTE ACCESS TO NEEDED COMMUNITY SERVICES | Children will receive needed services | 1) Annually, 100% of children will participate in developmental screening. | 3.a. | 0-3 Program Register |
| | | 2) 100% of children screened each quarter who are suspected to have developmental delays will be referred to <i>Early On</i> Michigan or a similar program. | 3.b.; 10.d. | 0-3 Program Register |
| | | 3) 80% of children will be up-to-date with age appropriate immunizations each quarter. | 1.i. | 0-3 Program Register |
| | | 4) Each quarter, 75% of children are up-to-date with well-child visits. | 3.a. | 0-3 Program Register |
| | Families will receive needed services | 1) Each quarter, 85% of families served will have access to a primary health care provider. | 1.a.; 2.b. | 0-3 Program Register |
| | | 2) As reported quarterly, 90% of pregnant women will receive the recommended number of pre-natal care visits. | 1.d. | 0-3 Program Register |

⁴ Nisbet, J. and Hagner, D. (2000). *Part of the Community: Strategies for including everyone*. Baltimore, MD: Paul H. Brookes Publishing Co.

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Improve School Readiness: Efforts that contribute to the well-being of the child so that the child is ready to succeed in school and life. One definition of “Ready to Succeed” includes⁵:

- Socially, emotionally and physically healthy
- Able to communicate needs, wants, and thoughts
- Enthusiastic and curious in approaching new activities
- Able to do problem solving and use new information
- Grounded in safe, stable, consistent, and nurturing relationships

| Evaluation Focus Area | Outcomes | Objective/Indicator | ECCS Indicator | Data Source |
|---------------------------------|--|--|----------------|----------------------|
| IMPROVE SCHOOL READINESS | Children will be on target for school entry | 1) 80% of children will be up-to-date with age appropriate immunizations each quarter. | 1.i. | 0-3 Program Register |
| | Children will be developmentally age appropriate | 2) 94% of children screened quarterly will meet age-appropriate developmental milestones. | 9.h. | 0-3 Program Register |

⁵ Based on definitions created by Michigan’s Ready to Succeed Partnership

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Increase Local Capacity to Serve Families At-Risk: Programs maintain a stable level of services with steady cash matches, in-kind services, and local supports so families identified to be at the greatest risk and need can receive community interventions.

| Evaluation Focus Area | Outcomes | Objective/Indicator | ECCS Indicator | Data Source |
|--|---|---|----------------|----------------------|
| INCREASE LOCAL CAPACITY TO SERVE FAMILIES AT-RISK | Agencies will maintain program infrastructure | 1) 100% of grantees will guarantee matching funds prior to the start of the programming cycle. | 11.d. | Annual Grant Review |
| | Appropriate services will be provided to at-risk families | 1) Each quarter, 100% of grantees will maintain or increase the number of families served with three or more risk factors. | | 0-3 Program Register |
| | | 2) Each quarter, Grantees report at least 50% of families served have 3 or more risk factors. | | 0-3 Program Register |
| | | 3) Each quarter, 100% of grantees will maintain or increase the number of services provided. | | 0-3 Program Register |
| | | 4) Each quarter, 100% of grantees will maintain or increase the types of services available to families. | | 0-3 Program Register |

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Support Healthy Family Environments that Discourage Alcohol, Tobacco and Other Drug Use: Provide information and support that encourage healthy life choices, a physical environment that protects family members from injuries and illness and discourages use/abuse of drugs, tobacco, and alcohol.

| Evaluation Focus Area | Outcomes | Objective/Indicator | ECCS Indicator | Data Source |
|--|--|---|----------------|---------------------|
| SUPPORT HEALTHY FAMILY ENVIRONMENTS THAT DISCOURAGE ALCOHOL, TOBACCO AND OTHER DRUG USE | Parents will receive education regarding healthy family environments | 1) 100% of programs will provide information on healthy family environments (for example, non-exposure to second-hand smoke; non-exposure to alcohol, tobacco, and other drugs). | | Annual Grant Review |
| | Children are not exposed to second-hand smoke | 1) 100% of programs will assess tobacco use by parents and provide information regarding cessation. | | Annual Grant Review |

Zero to Three Outcomes Plan for Year FY-08
For the Period Covering April 1st to September 30th

| A: Outcomes: What do you expect will happen <u>for children and families</u> as a result of the services provided? | B: Objectives What specific, numerical target was set to demonstrate progress or achievement of the outcome within what time frame? | C: Indicators What data or tools will be used to measure progress towards or achievement of the objective? |
|--|--|--|
| Outcome expected Participants have access to information on marriage and healthy relationships | <u>Target Set:</u> 100% of families will receive information and materials on the promotion of marriage and healthy couple relationships. <u>What happened:</u> | Expected data or tool: |
| Outcome expected Enhance the parenting capacities of participants | <u>Target Set:</u> Annually, 80% of parents will indicate an improvement in parenting skills as a result of 0-3 services. <u>What happened:</u> | Expected data or tool: Satisfaction survey 0-3 program register |
| Outcome expected: Improve parent/child relationships | <u>Target Set:</u> The percentage of families who remain in service will be maintained or increased over 4 quarterly reports. <u>What happened:</u> | Expected data or tool: 0-3 Program register |
| Outcome expected Children will receive needed services | <u>Target Set:</u> Annually, 100% of children will participate in developmental screening. <u>What happened:</u> | Expected data or tool: 0-3 Program Register |
| Outcome expected Children will receive needed services | <u>Target Set:</u> 100% of children screened each quarter who are suspected to have developmental delays will be referred to <i>Early On</i> Michigan or a similar program. <u>What happened:</u> | Expected data or tool: 0-3 Program Register |

| | | |
|--|---|---|
| <p>Outcome expected</p> <p>Children will receive needed services and be ready for school</p> | <p><u>Target Set:</u></p> <p>80% of children will be up-to-date with age appropriate immunizations each quarter.</p> <p><u>What happened:</u></p> | <p>Expected data or tool:</p> <p>0-3 Program Register</p> |
| <p>Outcome expected</p> <p>Children will receive needed services</p> | <p><u>Target Set:</u></p> <p>Each quarter, 75% of children are up-to-date with well-child visits</p> <p><u>What happened:</u></p> | <p>Expected data or tool:</p> <p>0-3 Program Register</p> |
| <p>Outcome expected</p> <p>Families will receive needed services</p> | <p><u>Target Set:</u></p> <p>As reported quarterly, 90% of pregnant women will receive the recommended number of pre-natal care visits.</p> <p><u>What happened:</u></p> | <p>Expected data or tool:</p> <p>0-3 Program Register</p> |
| <p>Outcome expected</p> <p>Families will receive needed services</p> | <p><u>Target Set:</u></p> <p>Each quarter, 85% of families served will have access to a primary health care provider.</p> <p><u>What happened:</u></p> | <p>Expected data or tool:</p> <p>0-3 Program Register</p> |
| <p>Outcome expected</p> <p>Families will receive needed services</p> | <p><u>Target Set:</u></p> <p>Annually, 100% of families will be offered a satisfaction survey</p> <p><u>What happened</u></p> | <p>Expected data or tool:</p> <p>Satisfaction survey 0-3 Program register</p> |
| <p>Outcome expected</p> <p>Children will be developmentally age appropriate</p> | <p><u>Target Set:</u></p> <p>94% of children screened quarterly will meet age appropriate developmental milestones</p> <p><u>What happened:</u></p> | <p>Expected data or tool:</p> <p>0-3 Program Register</p> |

| | | |
|---|--|---|
| <p>Outcome expected</p> <p>Appropriate services will be provided to at-risk families</p> | <p><u>Target Set:</u></p> <p>Each quarter, Grantees report at least 50% of families served have 3 or more risk factors.</p> <p><u>What happened:</u></p> | <p>Expected data or tool:</p> <p>0-3 Program Register</p> |
| <p>Outcome expected</p> <p>Parents will receive education regarding healthy family environments</p> | <p><u>Target Set:</u></p> <p>100% of families will receive information on healthy family environments (for example, non-exposure to second-hand smoke; non-exposure to alcohol, tobacco, and other drugs).</p> <p><u>What happened:</u></p> | <p>Expected data or tool:</p> |
| <p>Outcome expected</p> <p>Children are not exposed to secondhand smoke</p> | <p><u>Target Set:</u></p> <p>100% of families will be assessed for tobacco use and be provide information regarding cessation</p> <p><u>What happened:</u></p> | <p>Expected data or tool:</p> |
| (Other: Optional) | | |
| (Other: Optional) | | |
| (Other: Optional) | | |
| (Other: Optional) | | |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|--|--------------------|--|---|---|--|
| Alcona County Human Services Council | Alcona | | | | Doug Ellinger, Sheriff Alcona County Sheriff 214 W. Main Street Harrisville, MI 48740 (989) 724-6271 Ellinger@alcona-county.net |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Alger County Family Coordinating Council | Alger | Jayne Letts Strong Families/Safe Children 101 Pioneer Avenue Negaunee, MI 49866 (906) 387-1711 jletts@chartermi.net | | | Debra Fulcher 413 Elm St. Munising, MI 49862 (906) 387-5636 algerparksrecdept@yahoo.com |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Allegan County Multi-Agency Collaborative Council | Allegan | Cathy Burton Snell (Contact Person) Allegan Area ESA 310 Thomas Street Allegan, MI 49010 (269) 673-3121 (269) 686-0327 cburtonsnell@alleganisd.org | Sally Beyer SF/SC Coordinator Allegan County CMH 3285 – 122 nd Avenue P. O. Drawer 130 Allegan, MI 49010 (269) 673-6617 x4856 (269) 686-9613 sbeyer@accmhs.org | | Rashmi Ganesan, Chair Allegan County Health Department 3255 122nd Ave. Ste 200 Allegan, MI 49010 (269) 673-541 (269) 673-4172 RGanesan@ALLEGANCOUNTY.ORG |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Alpena County Human Services Coordinating Council | Alpena | Pamela Lloyd-Gorski HSCC Coordinator 746 S. State Ave. Alpena, MI 49707 (989) 354-9104 (989) 354-3823 or (989) 354-9104 (call first) pamlg@i2k.com | | Captain Jason Schaal The Salvation Army 722 N. Second Ave Alpena, MI 49707 (989) 354-5147 Jason_schaal@usc.salvati onarmy.org | Dana LaBar Alpena Community College 666 Johnson Street Alpena, MI 49707 (989) 358-7255 (989) 358-7561 labard@alpenacc.edu |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Antrim County Community Collaborative | Antrim | Ranae McCauley MSU Extension 605 N. Birch St. Kalkaska, MI 49646 (231) 258-3320 | | | William Broderick, Chair P.O. Box 705 Bellaire, MI 49615 (231) 590-5887 |
| | | PHONE (and PHONE EXTENSION) | | | |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|--|--------------------|---|-------------------|--|--|
| | | FAX (231) 258-4678 EMAIL Mccaul12@msu.edu | | | (231) wrb@mich.com |
| Arenac Multi-Purpose Collaborative Body | Arenac | Trisha Carbonneau-Ivey Bay Arenac Behavioral Health 1010 Madison Bay City, MI 48708 PHONE (and PHONE EXTENSION) (989) 895-2246 FAX (989) 895-4962 EMAIL tivey@babha.org | | Regina Turner, V. Chair Bay Area Women's Ctr. P. O. Box 1458 Bay City, MI 48076 (989) 686-2551 (989) 686-0906 rtturner@bawc-mi.org | Patrick Baker, chair Bay Arenac Behavioral Health 1000 Cedar Standish, MI 48658 (989) 846-5013 (989) 846-5047 pbaker@babha.org |
| Barry Community Resource Network | Barry | Lyn Briel, Contact Person Thornapple Manor 2700 Nashville Hwy. Hastings, MI 49058 PHONE (and PHONE EXTENSION) (269) 838-8161 (cell) (269) 945-2407, x166 FAX EMAIL lynbriel@yahoo.com | | Jennifer Richards, Vice Chair Barry Community Foundation 629 W. State Street, Suite 201 Hastings, MI 49058 (269) 945-0526 (269) 945-0826 jen@barrycf.org | Lyn Briel, Chair Thornapple Manor 2700 Nashville Hwy. Hastings, MI 49058 (269) 838-8161 (cell) (269) 945-2407, x166 lynbriel@yahoo.com |
| Bay Area Human Services Collaborative Council | Bay | Trisha Carbonneau-Ivey HSCC Coordinator Bay Arenac Behavioral Health 1010 Madison Bay City, MI 48708 PHONE (and PHONE EXTENSION) (989) 895-2246 FAX (989) 895-4962 EMAIL tivey@babha.org http://www.bahscc.org | | Ellen Albrecht, Vice Chair Bay-Arenac Behavioral Health 201 Mulholland Bay City, MI 48708 (989) 895-2300 (989) 895-2390 ealbrecht@babha.org | Mike Dewey, Chair Bay-Arenac ISD 4228 Two Mile Rd. Bay City, MI 48706 (989) 667-3273 (989) 667-3286 deweym@baisd.net |
| Benzie County Human Services Collaborating Body | Benzie | Tad Peacock, Coordinator Benzie HSCB 6051 Frankfort Hwy Benzonia, MI 49616 PHONE (and PHONE EXTENSION) (231) 882-2123 FAX (231) 882-2204 EMAIL peacockf@msu.edu | | | Steve Fouch, Chair C.E.D. MSU Extension Government Center Beulah, MI 49617 (231) 882-0025 (231) 882-9605 fouch@msu.edu |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|--|--------------------|---|-------------------|--|--|
| Berrien County Human Services Council | Berrien | | | | Anna Murphy United Way of Southwest Michigan PO Box 807 Benton Harbor, MI 49023-0807 (269) 925-7772 anna.murphy@uwsn.org |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Branch County Family Services Network | Branch | Amy Gifford FSN Coordinator 20 Division Street Coldwater, MI 49036 (517) 278-5985 (517) 278-8369 agifford@branchareachamber.com | | | Mike Beckwith, Superintendent Branch ISD 370 Morse Street Coldwater, MI 49036 (517) 279-5730 superintendent@branch-isd.org |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| www.familyservicesnetwork.com | | | | | |
| The Coordinating Council of Calhoun County | Calhoun | Anji Phillips TCC Director & SF/SC Coordinator 9 West Suttons Ridge Battle Creek, MI 49014 (269) 420-3215 (269) 441-6015 AKP@summitpointe.org | | Dottie-Kay Bowersox Health Officer Calhoun Co. Health Department 190 E. Michigan Ave. Ste. A100 Battle Creek, MI 49017 (269) 969-6380 (269) 966-1489 Dbowersox@calhouncountymi.gov | A.J. Jones, N. D., Chair President/CEO Family Health Center 181 W. Emmett Street Battle Creek, MI 49017 (269) 966-2600 (269) 965-4773 ajjones@fhcbc.org |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| http://www.tcccalhoun.org | | | | | |
| Cass County Human Services Coordinating Council | Cass | Ruth Andrews Cass County Human Services Coordinating Council 325 M62 Cassopolis MI 49031 (269) 445-0269 (269) AndrewsR3@michigan.gov | | Art Fenrick, Vice Chair SW Michigan Community Action Agency 185 E. Maine Ste. 200 Benton Harbor, MI 49022 (269) 925-9077 | Lloyd Hamilton Child and Family Services Lewis Cass ISD 61682 Dailey Road Cassopolis, MI 49031 (269) 445-6201 lhamilt@remc11.k12.mi.us |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|--|--------------------|---|---|------------|--|
| Cheboygan County Human Services Coordinating Body | Cheboygan | Peter Amar, Prevention Coordinator Fox Farm Consulting Services P.O. Box 95 Johannesburg, MI 49751 (989) 731-5295 (989) 731-5295 peteamar@foxfarmconsulting.com | | | Julie Sproul Cheboygan DHS 827 S. Huron Cheboygan, MI 49721 (231) 627-8511 (231) 627-8546 Sproulj@michigan.gov |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL http://www.cheboyganhscb.org | | | |
| Chippewa County | Chippewa | | | | Bruce Beaudoin Resource Manager/RAC Sault Ste. Marie Housing Commission P.O. Box 928 Sault Ste. Marie, MI 49783 (906) 635-5841 (906) 635-9500 bruce@saulthousing.com |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Community Collaborative of Clare County | Clare | Andrea Eiseler Strong Families/Safe Children Coordinator Community Mental Health for Central Michigan 3857 W. Broomfield Mt. Pleasant, MI 48858 (989) 539-2141, Ext. 4320 (989) aeiseler@cmhcm.org | | | Joe Phillips Clare County Juvenile Probation/ Family Court Clare County Building 225 West Main, P.O. Box 96 Harrison, MI 48625 (989) 539-7887 (989) 539-7229 joe44phillips@hotmail.com |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Clinton County Building Stronger Community Council | Clinton | Debby Kloosterman 13109 Schavey Road, Suite#4 DeWitt, MI 48820 (517) 668-0185 (517) 668-0446 klooster@edzone.net | Jody Smith RAVE P O Box 472 St. Johns, MI 48879 (989) 224-4662 (989) 224-6947 jsmith@michonline.net | | Chris McDaniel Clinton County Counseling 1000 E. Sturgis Suite 3 St. Johns, MI 48879 (989) 224-5300 (989) 224-2342 mcdaniec@ceicmh.org |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|---|----------------------------------|--|-------------------|--|--|
| Copper Country Human Services Coordinating Body | Baraga, Houghton, Keweenaw | Dave Mayo-Kiely Copper Country HSCB 326 Sheldon Ave., Suite 2 Houghton, MI 49931 | | Mark Lambert Good Will Farm P.O. Box 428 1701 MacInnes Dr. Houghton, MI 49931-0428 | Louisa D. Wills DHS 200 Quincy Street P. O. Box 630 Houghton, MI 49931 |
| | | PHONE (and PHONE EXTENSION) (906) 483-4722 FAX (906) 483-4972 EMAIL hsbcbcoord@att.net | | (906) 482-0520 (906) 482-0580 mark@goodwillfram.com | (906) 483-3914 (906) willsl@michigan.gov |
| Crawford County Collaborative Body | Crawford | Cynthia Timmons, Collaborative and SF/SC Coordinator P. O. Box 834 Grayling, MI 49738 | | Linda Cronk, Vice Chair MSU Extension 200 Michigan Ave. Grayling, MI 49738 | Bob Lewis, Acting Director Otsego-Crawford DHS 230 S. Huron Grayling, MI 49738 |
| | | PHONE (and PHONE EXTENSION) (989) 344-9335 FAX (989) 344-1815 EMAIL cindy.timmons@hotmail.com | | cronkl@msu.edu | (989) 348-7691 lewisb3@michigan.gov |
| Delta County Family Community Collaborative | Delta | Deb Doyle Strong Families/Safe Children Coordinator C/O Six County Employment Alliance 2950 College Ave. Escanaba, MI 49829 | | Cheryl Corden Child and Family Services (Wraparound) | Russell Sexton, Director Delta/Menominee DHS 294 College Avenue Escanaba, MI 49829 |
| | | PHONE (and PHONE EXTENSION) (906) 789-0558 x 219 FAX (906) 789-9952 EMAIL ddoyle@jobforce.org | | DeltaWA@miuplink.com | (906) 786-5394 SextonR2@michigan.gov |
| Dickinson County Collaborative Body | Dickinson | Bill Reid, Prevention Coordinator Northpointe Behavioral Healthcare Systems 715 Pyle Drive Kingsford, MI 49802 | | | Bob Roberge, Director Dickinson/Iron Co DHS 1238 S Carpenter Ave Iron Mountain, MI 49801 |
| | | PHONE (and PHONE EXTENSION) (906) 779-0637 FAX (906) 779-0645 EMAIL breid@nbhs.org | | | (906) 779-4150 (906) 774-2775 roberger@michigan.gov |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|---|------------------------------------|--|--|---|--|
| Eaton County Human Services Collaborative Council | Eaton | Joni L. Risner (Contact Person) Eaton County United Way P. O. Box 14 350 Lansing St., Ste. B Charlotte, MI 48813 | Ronda Rucker Strong Families/Safe Children Coordinator 1050 Independence Blvd. Charlotte, MI 48813 | | Robert W. Johnson 1504 Millerburg Charlotte, MI 48813 |
| | PHONE (and PHONE EXTENSION) | (517) 543-5402 | (517) 543-2536 | | (517) 543-2453 |
| | FAX | (517) 543-5651 | (517) 543-2125 | | (517) 543-0857 |
| | EMAIL | joni@ecuw.org | Ruckerr2@michigan.gov | | |
| Emmet and Charlevoix Counties Human Services Coordinating Body | Emmet, Charlevoix | Lorraine Manary One MacDonald Drive, Ste. Petosky, MI 49770 | | Jan Mancinelli Women's Resource Ctr. 423 Porter Street Petoskey, MI 49770 | Terrance Newton Harbor Hall, Inc. 704 Emmet Street Petoskey, MI 49770 |
| | PHONE (and PHONE EXTENSION) | (231) 347-6701, ext HSCB (4722) - V M-only (231) 582-9863 (Cell) | | (231) 347-0067 | (231) 347-5511 |
| | FAX | (231) 347-4370 or (231) 582-9414 | | | (231) 347-5422 |
| | EMAIL | lmanary@charter.net | | jan@wrcnm.org | tnewt@freeway.net |
| Genesee County Community Collaborative | Genesee | Michele Wildman Metro Housing Partnership 503 S. Saginaw St, Ste. 810 Flint, MI 48502 | Sheryl Thompson, Director Genesee County DHS 125 E. Union Flint, MI 48502 | Marcy Buren, Program Director Health Access 3951 Beecher Rd. Flint, MI 48532 | |
| | PHONE (and PHONE EXTENSION) | (810) 767-4622, x30 | (810) 760-2645 | | (810) 232-4200 |
| | FAX | (810) 767-4664 | | | |
| | EMAIL | mwildman@flint.org | ThompsonS2@michigan.gov | | mburen@genesys.org |
| | | | ov | | |
| Gladwin County Human Services Coordinating Body | Gladwin | Kara Pahl 3171 West Dale Road Beaverton, MI 48612 | | | John Shaffer EMS 701 East Cedar Gladwin, MI 48624 |
| | PHONE (and PHONE EXTENSION) | (989) 435-4202 | | | (989) 426-9305 |
| | FAX | | | | (866) 426-2241 |
| | EMAIL | kjmpahl@yahoo.com | | | shafferj@mindnet.org |
| http://www.gladwinonline.com | | | | | |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|---|---|---|--|---|---|
| Gogebic and Ontonagon Human Services Coordinating Body | Gogebic and Ontonagon | Joanne E. Pihlaja (Contact Person) MSU Extension 104 S. Lowell Street Ironwood, MI 49938 | Wendy Collins-Gouin SF/SC Coordinator for Ontonagon County PO Box 414 26 Hemlock Street Ontonagon, MI. 49971 (906)885-5940 | Gordon Pekuri Gogebic-Ontonagon DHS 301 E. Lead Street Bessemer, MI 49911 (906) 663-6200 | Joanne E. Pihlaja MSU Extension 104 S. Lowell Street Ironwood, MI 49938 (906) 932-1420 (906) pihlaja@msu.edu |
| | PHONE (and PHONE EXTENSION) FAX EMAIL | pihlaja@msu.edu | wgouin@jamadots.com | pekurig@michigan.gov | |
| Grand Traverse Community Collaborative | Grand Traverse | Barbara Lemcool Grand Traverse Community Collaborative 701 S. Elmwood, Ste 19 Traverse City, MI 49684 (231) 929-0174 (231) 941-0037 lemcoolb@michigan.gov | | Jim Scherrer Child & Family Services 3785 Veterans Drive Traverse City, MI 49684 (231) 946-8975 x1050 jscherrer@cfsmail.org | Jan Warren Michigan Works 890 Parsons Rd. Traverse City, MI 49686 (231) 922-6240 (231) jwarren@tbaids.k12.mi.us |
| Gratiot County Collaborative Council | Gratiot | Glenn Thelen Gratiot Coll. Council Coordinator Gratiot-Isabella RESD 1131 E. Center Street, PO Box 310 Ithaca, MI 48847 | | Bill Dilts, Vice Chair Prevention Coor. Gratiot County Substance Abuse Coalition Gratiot Isabella RESD 1131 East Center Street Post Office Box 310 Ithaca, Michigan 48847 (989) 875-5101 ext 246 (989) 875-2858 gcsac@edzone.net | Ron Parling, Chair, 10136 Croswell Rd St. Louis, MI 48880 (989) 681-5192 (989) Taxguy525@yahoo.com |
| | PHONE (and PHONE EXTENSION) FAX EMAIL | (989) 875-5101 ext 246 gthelen@edzone.net | | | |
| | http://www.geocities.com/gratiotcc | | | | |
| Hillsdale County Human Services Network | Hillsdale | Laurie Brandes HSN Coordinator 20 Care Drive Hillsdale, MI 49242 (517) 437-7395, x 106 (517) 437-0166 brandesl@bhsj.org | | | John Robertson Community Health Agency 570 Marshall Road Coldwater, MI (517) 279- |
| | PHONE (and PHONE EXTENSION) FAX EMAIL | | | | |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|---|--------------------|--|---|--|--|
| Huron County Community Collaborative | Huron | Kathie Harrison Huron Behavioral Health 1108 S. Van Dyke Bad Axe, MI 48413 (989) 269-9293 (989) 269-7544 kathie@huroncmh.org | | | Marv Pichla Thumb Area Consortium 3270 Wilson St. Marlette, MI 48453 pichlam@thumbworks.org |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| The Power of We Consortium | Ingham | Peggy Roberts Power of We Consortium 5303 S. Cedar Lansing, MI 48909 (517) 887-4691 proberts@ingham.org | Ron Uken Ingham County Health Department 5303 S. Cedar St., Lansing, MI 48911 (517) 887-4558 (517) 346-8011 ruken@ingham.org | Mike Brown, President Capital Area United Way 1111 Michigan Avenue-- Suite 300 East Lansing, MI 48823 517 203-5000 m.brown@capitalareaunite dway.org | Joan Nelson, Exec. Director Allen Neighborhood Center 1619 East Kalamazoo St. Lansing, MI 48912 (517) 999-3912 (517) 484-0068 joann@allenneighborhoodcenter.org |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| | | http://www.cacvoices.org/hsac | | | |
| Ionia County Child, Family, and Community Council | Ionia | Coordinator (616) (616) | Jacqui Barr, Contact Person Ionia County ISD 2191 Harwood Rd. Ionia, MI 48846 (616) 527-4900 (616) 527-4731 jrbarr@ionia-isd.k12.mi.us | Lynette Seiler, Vice Chair Ionia County Comission on Aging 115 Hudson Street Ionia, MI 48846 (616) 527-5365 (616) 527-5955 lseiler@ioniacounty.org | Mark Howe Ionia Co. Administrator Ionia County Courthouse Ionia, MI 48836 (616) 527-5300 (616) 527-5380 mhowe@ioniacounty.org |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Iosco County Human Services Coordinating Council | Iosco | | | | Linda Stemen MSU Extension P.O. Box 599 Tawas City, MI 48764-0599 (989) 984-1059 (989) 984-1109 stemen@msu.edu |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Iron County Collaborative Board | Iron | Bill Reid The same address, phone, fax, and email is used for Dickinson County. PHONE (and PHONE EXTENSION) FAX | | | Jan Brady Kiwanis 165 Roman Road Iron River, MI 49935 (906) 265-5768 (906) |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|---|--------------------|--|-------------------|---|---|
| | | | | | EMAIL jlbrady@ironriver.tv |
| Isabella County Community Collaborative | Isabella | Marilyn Thornton, Contact Person Program Director CMH for Central MI 301 S. Crapo Mt. Pleasant, MI 48858 (989) 772-5930 x 1283 (989) 775-7701 mthornton@cmhcm.org | | | Dee Obrecht Child and Family Enrichment Council 3333 South Lincoln Road Mt. Pleasant, MI 48858 (989) 773-6444 (989) 772-9663 cafedee@hotmail.com |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL http://www.crdl.org/iccc | | | |
| Jackson County's Human Services Coordinating Alliance | Jackson | Erin Skelly-Smith HSCA Coordinator Jackson Nonprofit Support Center 1100 Clinton Road, Ste 215 Jackson, MI 49202 (517) 796-4750 (517) 796-5981 erin@jacksonnonprofit.org | | | Shelly Saines, HSCA Chair One Jackson Square, Suite 110- A Jackson, MI 49201-1406 (517) 787-1321 ssaines@jacksoncf.org |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Kalamazoo County Multi- Purpose Collaborative Body (KCMPCB) | Kalamazoo | Janet M. Jones, Collaboration Coordinator Greater Kalamazoo United Way 709 South Westnedge Ave. Kalamazoo, MI 49007-5099 (269) 343-2524 x 221 (269) 344-7250 jjones@gkuw.org jmkejones@earthlink.net | | Dr. Craig Misner Superintendent KRESA 1819 E. Kilgore Portage, MI 49002 (269) 385-1500 (269) 381-35239 cmisner@remc12.k12.mi. us | Dale Hein Transportation Authority 201 W. Kalamazoo Ave. Kalamazoo, MI 49007 (269) 384-8114 (269) drhein@kalcounty.com |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Kalkaska County Community Collaborative | Kalkaska | Ranae McCauley, Coordinator Community Collaborative of Kalkaska County MSU Extension 605 North Birch Street Kalkaska, MI 49646 (231) 258-3320 (231) 258-4678 Mccaul12@msu.edu | | | Sr. Augusta Stratz Health and Healing Ministry PO Box 113 Kalkaska, MI 49646 (231) 258-5228 Cell (231) 620-0375 213.258.5228 astratz@torchlake.com |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|---|--------------------|---|-------------------|------------|---|
| Kent County Family and Children's Coordinating Council | Kent | Matthew VanZetten, Office of the Administrator, Kent County Family and Children's Coordinating Council Coordinator, Kent County Administration Bldg 300 Monroe Avenue, N.W. Grand Rapids, MI 49503 (616) 632-7566 (616) 632-7565 kcfccc@kentcounty.org matthew.vanzetten@kentcounty.mi.gov | | | Carol Paine-McGovern 2445 Hall St. SE Grand Rapids, MI 49506 (616) 285-0409 (616) painemcgov@aol.com |
| | | PHONE (and PHONE EXTENSION) http://www.accesskent.com/kcfccc FAX EMAIL | | | |
| Lapeer County MPCB | Lapeer | Michael J. Rexin Lapeer ISD 1996 West Oregon Lapeer, MI 48446 (810) 245-3980 (810) 664-1011 m_rexin@yahoo.com | | | Jim Chybowski Executive Director of corporate Services—Lapeer Region Mott Community College 550 Lake Drive Lapeer, MI 48446 (810) 667-4166 jchybows@mcc.edu |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Leelanau County Family Coordinating Council | Leelanau | Bob MacEachran Leelanau County FCC 7401 East Duck Lake Road, Suite 300 Lake Leelanau, MI 49653 (231) 256-0222 (231) 256-0226 bmaceachran@co.leelanau.mi.us | | | Egan Cypher McGlynn Grand Traverse/Leelanau DHS 701 S. Elmwood, Suite 19 Traverse City, MI 49684 (231) 929-0153 (231) 941-0037 (cell) cyphere@michigan.gov |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Lenawee Community Collaborative | Lenawee | Kathryn Szewczuk, Coordinator Lenawee CMHA 1040 South Winter Street Suite 1022 Adrian, MI 49221 (517) 264-0188 (517) 265-8237 kSzewczuk@lcmha.org | | | Tom MacNaughton Department of Human Services 1040 South Winter Adrian, MI 49221 (517) 264-5280 (517) 264-5299 tmcnaughton@yahoo.com |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|---|--|---|-------------------|---|---|
| Livingston County Human Services Collaborative Body | Livingston | Alissa Parks Livingston County CMH 2280 East Grand River Howell, MI 48843 | | Ted Westmeier, Director Livingston Co. Dept of Public Health 2300 E. Grand River, Suite 102 Howell, MI 48843 (517) 552-6801 (517) 546-6995 TWestmeier@co.livingston.mi.us | Bill Sleight, Director Michigan Works! 1240 Packard Howell, MI 48843 (517) 552-2100 (517) 546-2353 wsleight@co.livingston.mi.us |
| | PHONE (and PHONE EXTENSION) FAX EMAIL | (517) 546-4126 (517) 546-1300 aparks@cmhliv.org | | | |
| Mackinac County Human Services Collaborative Body | Mackinac | Geraldine Stelmaszek EUP Community Dispute Resolution Center P.O. Box 505 Sault Ste. Marie, MI 49783 | | | Doreen Howson Diane Peppler Resource Center P.O. Box 698 Sault Ste. Marie, MI 49783 (906) 635-0566 (906) 635-2952 howsond@dprcenter.org |
| | PHONE (and PHONE EXTENSION) FAX EMAIL | (906) 632-5467 (906) 632-5471 stelmaszekg@michigan.gov | | | |
| Macomb County Human Services Coordinating Body | Macomb | Madeline Nantais, Prevention Coordinator Macomb County CMH Services 22550 Hall Rd. Clinton Twp., MI 48036 | | | Donald I. Habkirk, Jr. Macomb County CMH 22550 Hall Rd. Clinton Twp., MI 48036 (586) 469-5779 (586) 469-7674 don.habkirk@mccmh.net |
| | PHONE (and PHONE EXTENSION) FAX EMAIL | (586) 466-7903 (586) 469-7958 madeline.nantais@mccmh.net | | | |
| Manistee Human Services Collaborating Body | Manistee | | | | Char Myers Manistee ISD 1710 Merkey Rd. Manistee, MI 49660 (231) 723-6205 (231) 723-1520 cmyers@Manistee.org |
| | PHONE (and PHONE EXTENSION) FAX EMAIL | | | | |
| http://www.muskegonhealth.net/ccs | | | | | |
| Marquette County Community Collaborative | Marquette | Kelly Zambon Child and Family Services 706 Chippewa Square, Suite 203 Marquette, MI 49855 | | | Jayne Letts Big Brothers/Big Sisters 101 Pioneer Avenue Negaunee, MI 49866 (906) 387-1711 (906) |
| | PHONE (and PHONE EXTENSION) FAX EMAIL | (906) 228-4050, x118 (906) 228-2153 kzambon@cfsup.org | | | |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|---|--------------------|--|--|--|---|
| Mecosta County Human Services Coordinating Body | Mecosta | David Bair, Strong Families/Safe Children Coordinator 1310 Upton St. Mt. Pleasant, MI 48858 (989) 330-9644 dbair4948@hotmail.com | | | jletts@chartermi.net Tom Rojeski, Program Director CMH for Central Michigan 500 S. Third, Ste. 100 Big Rapids, MI 49037 (231) 796-5825 (231) trojeski@cmhcm.org |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Menominee County Collaborative Board | Menominee | Bill Reid The same address, phone, fax, and email is used for Dickinson County. | | | Larry Godwin, Superintendent Menominee County ISD 1201 41 st Ave. Menominee, MI 49858 (906) 863-2493 (906) lgodwin@mc-isd.org |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Midland County Health and Human Services Council | Midland | Brian Bonotto Community Impact Director United Way of Midland County 220 West Main Street, #100 Midland, MI 48640 (989) 631-3670 (989) 832-5524 brianbonotto@unitedwaymidland.org | | | Sharon Mortensen CDVSA/Shelter House P. O. Box 2660 Midland, MI 48640 (989)835-6771 (989) mortensen@cdvsa.org |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Monroe County Human Services Collaborative Network | Monroe | Sandie Pierce Monroe County Human Services Collaborative Network 2901 Sharon Drive Monroe, MI 48162 (734) 242-1331 (734) 242-4378 piercesandie@hotmail.com | Doug Redding, Early Childhood Contact Person Monroe ISD 1101 South Raisinville Road Monroe, MI 48161 (734) 242-5799 x 1912 (734) 242-5807 redding@misd.k12.mi.us | | Joe Grifka, Superintendent Fairview 3604 South Custer Road Monroe, MI 48161 (734) 240-3191 (734) 240-3198 Joe_Grifka@monroemi.org |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Montcalm Human Services Coalition | Montcalm | Lisa M. Lund, LMSW The Montcalm Center for Behavioral Health 611 N. State St. Stanton MI 48888 (989) 831-7538 (989) 831-7578 | | John VanNieuwenhuyzen President EightCAP, Inc. 904 Oak Dr., P.O. Box 368 Greenville, MI 48838 (616) 754-9315 (616) 754-9310 | John Kroneck, MA, LPC, CPC Montcalm County Coordinator Life Guidance Wellness & Prevention 129 E. Main, P. O. Box 836 Stanton, MI 48888 (989) 831-4591 Same as phone number |
| | | PHONE (and PHONE EXTENSION) FAX | | | |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|--|------------------------------------|---|-------------------|---|--|
| | EMAIL | llund@mcbh.org | | johnvan@8cap.org www.eightcap.org | montcalmwp@cmsinter.net |
| Montmorency County Family Coordinating Council | Montmorency | Carlene Przykucki, Northeast Michigan Community Partnership (NEMCP), Inc. 3022 US 23S, Suite C Alpena MI 49707 989-356-2880 989-354-6939 nemcpi@deepnet.net | | | Sandy Bandt Lewiston Schools Lewiston, MI (989) |
| | PHONE (and PHONE EXTENSION) | | | | |
| | FAX | | | | |
| | EMAIL | | | | |
| Muskegon County Community Coordinating Council | Muskegon | Jane Drake, Coordinator Community Coordinating Council 425 W Western Ave Suite 200 Muskegon MI 49440 | | Linda Juarez Hackley Community Care Center 2700 Baker Street Muskegon Heights, MI 49444 (231) 733-6693 (231) 737-0534 juarezl@hccc-health.org | Jane Johnson, Director Muskegon DHS 2700 Baker Street PO Box 4290 Muskegon Heights, MI 49444 (231) 733-3870 Johnsonj13@michigan.gov |
| | PHONE (and PHONE EXTENSION) | (231)-722-4538 ext. 108 | | | |
| | FAX | 231-722-4616 | | | |
| | EMAIL | Jdrake@cffmc.org | | | |
| Newaygo County Human Services Coordinating Body | Newaygo | Chris Tiernan 906 E. Wilcox Ave. White Cloud, MI 49349 | | | Greg Snyder, Executive Director Newaygo Co Mental Health Cntr 1049 Newell, PO Box 867 White Cloud, Michigan 49349 |
| | PHONE (and PHONE EXTENSION) | (231) 689-6146 (231) 349-0791-Cell | | | |
| | FAX | | | | |
| | EMAIL | cwt16_1999@yahoo.com | | | gsnyder@newaygocmh.org |
| Oakland County Human Services Community Collaborative Council | Oakland | Pam Barckholtz, HSCC Coordinator and Strong Families/Safe Children Coordinator MDHS-Oakland 28 W. Saginaw Pontiac, MI 48342 (248) 975-4885 Mobile (248) 563 0930 (248) 975 4855 barckholtzp@michigan.gov pbarckholtz@comcast.net | | (248) (248) | Jim Perlaki, VP of Community Intervention Services The Common Ground Sanctuary 1410 S. Telegraph Bloomfield Hills, MI 48302 (248) 456-8150 (248) 456-8147 jperlaki@commongroundsanctuary.org |
| | PHONE (and PHONE EXTENSION) | | | | |
| | FAX | | | | |
| | EMAIL | | | | |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|--|--|---|-------------------|---|--|
| Ogemaw County Human Services Council | Ogemaw | Teresa Tokarczyk, Contact Person School Success Supervisor AuSable CMH 511 Griffin West Branch, MI 48661 (989) 345-5571 | | Rhoda Hacker, Vice Chair River House Shelter P.O. Box 661 Grayling, MI 49738 (989) 348-3169 | Rhonda Schick, Chairperson 806 W. Houghton Ave. Room 203 West Branch, MI 48661 (989) |
| www.ogemawresources.org | PHONE (and PHONE EXTENSION) FAX EMAIL | (989) 345-4111 Teresa.Tokarczyk@avcmh.org | | (989) director@riverhousesehlter.org | rschick@ogemawcourt.com |
| Osceola Human Services Coordinating Council | Osceola | Larry Emig, Strong Families/ Safe Children Coordinator 436 W. Osceola Ave. Reed City, MI 49677 PHONE (and PHONE EXTENSION) FAX EMAIL | | Kay Frederick, Juvenile Officer Osceola Co. Family Court 410 W. Upton Ave Reed City, MI 49677 (231) 832-6128 (231) 832-6181 kayefrederick@juno.com | Trincie Stroven Custody/Parenting Time Specialist Osceola County Friend of the Court 301 W. Upton Ave Reed City, MI 49677 (231) 832-6131 (231) strovent@michigan.gov |
| Oscoda County Human Services Coordinating Council | Oscoda | Deb Nurse, Oscoda HSCC Coordinator MSU Extension P.O. Box 69 Mio, MI 48647 PHONE (and PHONE EXTENSION) FAX EMAIL | | | Chris Siwik Superintendent Mio Schools Mio, MI 48647 (989) (989) |
| Otsego Human Services Network | Otsego | Peter Amar, Prevention Coordinator The same address/email is used for Cheboygan County. PHONE (and PHONE EXTENSION) FAX EMAIL | | | Barbara Soffredine 3541 M-32 East Gaylord, MI 49735 (989) 732-5990 soffredb@charter.net |
| www.otsegohumanservices.org | | | | | |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|---|--------------------|---|-------------------|---|---|
| Ottawa County Human Services Coordinating Council | Ottawa | Andrea Mulder Administrative Coordinator 7319 Terrace Lane Jenison, MI 49428 (616) 581-7475 Ottawahscc@gmail.com | | | Pat VerDuin Ottawa County Family Court 12120 Fillmore West Olive, MI 49460 (616)786-4124 pverduin@co.ottawa.mi.us |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Presque Isle Human Services Coordinating Council | Presque Isle | Mary Schalk, Coordinator 5067 Klee Road Rogers City, MI 49779 (989) 734-2877 (989) 734-2877 maryschalk@verizon.net | | | Amy Fullerton, Chair TAPESTRY Project 6201 M 33 Onaway, MI 49765 (989) 733-4112 (231) 238-8551 |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Roscommon Human Services Collaborative Body | Roscommon | Cynthia Timmons Collaborative Coordinator P.O. Box 834 Grayling, MI 49738 (989) 344-9335 (989) 344-1815 Cindy.Timmons@hotmail.com | | Rhoda Hacker, Director River House Shelter P.O. Box 661 Grayling, MI 49734 (989) 348-3169 director@riverhouseshelte r.org | Honorable Doug Dosson Probate Judge Roscommon County Probate and Family Court County Building Room 132 500 Lake Street Roscommon, MI 48653 (989) 275-7675 probatecourt@roscommoncounty .net |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Saginaw County Human Services Collaborative Body | Saginaw | Karen Sangster, SCHSCB Coordinator 1600 N. Michigan Saginaw MI 48602 (989) 758-3785 (989) 758-3746 ksangster@saginawcounty.com | | | Dr. Cheryl Plettenberg, Chair 1600 N. Michigan Ave. Saginaw, MI 48602 (989) 758-3822 (989) 758-3746 cplettenberg@saginawcounty.co m |
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | | | |
| Sanilac County Human Services Coordinating Body | Sanilac | | | | Irene Waller DHS—Sanilac Sandusky, MI (989) (989) |
| | | PHONE (and PHONE EXTENSION) FAX http://www.greatlakes.net/~packman/hscb EMAIL | | | |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|---|--------------------|--|---|---|--|
| Schoolcraft County Community Collaborative | Schoolcraft | Pat Duyck SC Community Collaborative 7065 W. Smith Lake Drive Manistique, MI 49854 PHONE (and PHONE EXTENSION) (906) 341-0401 FAX (906) EMAIL rogersfan@hotmail.com | | | Joan Ecclesine Health and Disabilities Coordinator 426 Chippewa Avenue Manistique, MI 49854 (906) 341-6423 (906) 341-5862 jecclesine@mdsecp.com |
| Shiawassee County Health and Human Services Council | Shiawassee | Rich Baldwin 5547 Star Flower Haslett, MI 48840 PHONE (and PHONE EXTENSION) (517) 339-9871 FAX EMAIL RLBald@aol.com | | Joe Bixler MSU Extension 701 S. Norton St. Corunna, MI 48817 (989) 743-2251 (989) 743-4891 Bixlerj@msu.edu | Pam Holman Department of Human Services 1975 W. Main St, Ste 1 Owosso, MI 48867 (989) 725-3292 (989) 725-3305 Holmanp2@michigan.gov |
| St. Clair County Community Services Coordinating Body | St. Clair | Amy Smith Community Planning Office St. Clair County CMH 1011 Military Street Port Huron, MI 48060-5416 PHONE (and PHONE EXTENSION) (810) 985-8900 FAX (810) 985-7620 EMAIL asmith@scccmh.org | | | Michael McCartan St. Clair County CMH 1011 Military Street Port Huron, MI 48060 (810) 985-8900 (810) 985-7620 mccartan@scccmh.org |
| St. Joseph County Human Services Commission | St. Joseph | Jan Reed, Coordinator St. Joseph County HSC 692 East Main Centreville, MI 49032 PHONE (and PHONE EXTENSION) (269) 467-1298 FAX (269) 467-4012 EMAIL reedj4@michigan.gov http://www.stjosephhsc.org/ | | Monte Bordner 68730 County Farm Rd. Sturgis, MI 49032 (269) 651-8353 bornerm@stjosephcounty mi.org | Matt Chambers TR Health 701 S. Health Parkway Three Rivers, MI 49093 (269) 273-9601 (269) 998-0866 |
| Tahquamenon Area Human Service Collaborative Body | Luce | Mary Archambeau, Chair The LINK 103 W. Helen Newberry, MI 49868 | Rose Ann Welty, SF/SC Coordinator 200 Hamilton P.O. Box 73 Newberry, MI 49868 | | Mary Archambeau, Chair The LINK 103 W. Helen Newberry, MI 49868 |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|--|--------------------|---|---|------------|--|
| | | PHONE (and PHONE EXTENSION) FAX EMAIL | (906) 293-1530 (906) 293-8145 (906) 293-8199 roseann@up.net | | (906) 293-1530 mparchambeau@yahoo.com |
| Tuscola County Human Services Coordinating Council | Tuscola | Susan Walker, Coordinator Tuscola County HSCC 1054 E. Northwood Dr. Caro, MI 48723 PHONE (and PHONE EXTENSION) FAX EMAIL | (989) 673-8283 cell (989) 550-8283 (989) 673-8283 susaneawalker@yahoo.com | | Carol Socha TISD 1385 Cleaver Caro, MI 48723 (989) 673-2144, x 401 (989) 673-5366 csocha@tisd.k12.mi.us |
| Van Buren County Human Services Collaborative Council | VanBuren | Claren Schweitzer VanBuren CMH P.O. Box 249 Paw Paw, MI 49079 PHONE (and PHONE EXTENSION) FAX EMAIL | (269) 655-3331 (269) 657-3474 cschweitzer@vbcmh.com | | Jeff Elliott VanBuren Public Health 57418 CR681 Hartford, MI 49057 (269) 621-3143 (269) 621-2725 jeffe@vbcassdhd.org |
| Community Collaborative of Washtenaw County | Washtenaw | PHONE (and PHONE EXTENSION) FAX EMAIL | | | Frank Cambria, Deputy County Administration Washtenaw County Administration 220 North Main Ann Arbor, MI 48104 (734) 222-6850 (734) cambriaf@ewashtenaw.org |
| Wayne County Human Services Coordinating Body | Wayne | Deborah Swasey, Analyst Children and Family Services Administration Wayne County DHS 3040 W. Grand Blvd., Ste 5-500 Detroit, MI 48202-6040 PHONE (and PHONE EXTENSION) FAX EMAIL | (313) 456-1327 (313) 456-1253 swaseyd@michigan.gov | | Jerome Rutland, Chair Wayne County DHS, Director Cadillac Place, Suite #5-650 3040 West Grand Blvd. Detroit, MI 48202 (313) 456-1025 (313) 456-1218 rutlandj@michigan.gov |

COMMUNITY COLLABORATIVES IN MICHIGAN

| Community Collaborative | County Represented | Collaborative Coordinator/ Contact Person | Other Coordinator | Vice-Chair | Chairperson |
|--|---------------------------|---|-------------------|------------|--|
| West Michigan Child and Family Leadership Council | Mason, Oceana | Kathy Kovalchik-Lacko West Michigan CFLC 5868 W. US 10 Ludington, MI 49431 | | | Rich VandenHeuvel, Executive Director West Michigan CMH 920 Diana Ludington, MI 49431 (231) 843-5489 (231) 845-7095 richv@wmcchs.org |
| | | PHONE (and PHONE EXTENSION) (231) 845-1723 FAX (231) 845-7095 EMAIL leadership@uwmasoncounty.org | | | |
| Wexford-Missaukee Human Services Leadership Council | Wexford, Missaukee | Shari Spoelman Northern Lakes CMH 527 Cobbs Street Cadillac, MI 49601 | | | Dave VanHouten Department of Human Services P. O. Box 309 Cadillac, MI 49601 (231) 779-4501 (231) 779-4507 vanhoutend@michigan.gov |
| | | PHONE (and PHONE EXTENSION) (231) 876-3280 FAX (231) 775-1692 EMAIL Shari.spoelman@nlcmh.org | | | |

For additions/corrections, please contact Mary Ludtke at 517/241-5769 or email: ludtkem@michigan.gov

Note: Northeast Human Services Coordinating Body was an endorsed MPCB but no longer meets.

Guidelines for Locally Implemented Annual Evaluations for Grantees of the State of Michigan's Zero to Three Secondary Prevention Initiative

Compiled by Michael D. Gillespie, MSW - Gillespie Research, LLC

All Zero to Three Secondary Prevention Initiative (0-3) Grantees are required to conduct an annual locally implemented evaluation¹. This evaluation should be in addition to the evaluation data required by the funding agencies and the Michigan Children's Trust Fund. Moreover, this evaluation should be both a quantitative and qualitative reflection of the grantee's impact on the local community, and the community and/or county's impact on the prevention of child abuse and neglect.

While the data that each grantee collects for the required state-level evaluation² of 0-3 is used by the initiative evaluator for legislative and other reporting requirements, these localized evaluations are for the purpose of informing grant monitors and administrators about the successes, challenges, and processes of grantees and their programs. Further, these local evaluations can be used in grant reviews, to holistically inform future grant applications, and to empower and support the larger state-level evaluation with in-depth localized information.

With this stated, the local evaluation does not have to be a daunting task. It does not require clinical trials utilizing "double-blind" comparison groups and other such scientific processes. Historically, some grantees have chosen to contract with an external evaluator but this is not required: a perfectly feasible, valid, and acceptable evaluation can be conducted without such assistance. This document is meant to act as a guide for those grantees unable to contract with an outside evaluator, and for those that do, to meet the requirements of 0-3 Grant Monitors. This document will not offer set parameters for page lengths or font size, nor will it layout requirements for the types of charts and graphs one should use in developing a report. Instead, this document, in its brevity, will offer suggestions for the types of information and data points that 0-3 Grant Monitors will look for when reviewing evaluation reports.

¹ Please refer to the Zero to Three Secondary Prevention Grant Agreement, Evaluation Section, Subsection A

² State-level evaluation requirements include: the Adult-Adolescent Parenting Inventory, Quarterly Data Collection Form Submissions, 31-B Forms for CPS Involvement, and the use of the Zero to Three Secondary Prevention Initiative Indicators.

Unlike traditional evaluation reports replete with statistical and technical jargon, the local annual evaluation should focus more on a reflective “self-evaluation”. The local evaluation should be a culmination of the program’s year and include a discussion of program processes, data, and outcomes, which leads to a qualitative and reflexive evaluation on how this information will help improve the program.

Because the initiative collects a substantial amount of quantitative data, the focus of the local evaluation is not on what the data are saying. More important, the focus should be on how the program summarizes their own data, how the data highlight successes and challenges of the year, and what implications the data have for the program in the coming year.

At a minimum, local evaluation reports to 0-3 Grant Monitors should include the following four sections:

- 1) An introductory section that outlines the contents of the report, including a program description, data collection tools, data collection methods, and general findings/conclusions.
 - a) This is important as it offers space to highlight important information in the report.
 - b) One may consider this component similar to an “executive summary” but the reader should be able to understand the program by reading the introduction.
- 2) A section that highlights both success and challenges of the year evident through a review of program data³.
 - a) Use data descriptively and organize key information.
 - i) Quantitative analysis does not have to be difficult; simple frequencies and averages are often effective enough.
 - b) Discuss the data in the context of what it means for your program. Why are the data important?
 - i) Clarity, not complexity, makes for effective data analysis.
 - c) Discuss the success and challenges based on the data.
- 3) A section that focuses on other program information that is not apparent through the data.
 - a) What happened during the year that helped or hindered the delivery of the program?

³ Program data includes the required data collected for the state-level evaluation as well as other data and information collected locally, but not reported in other formats to the initiative. One important component is the results of the parent/client satisfaction survey. Because minimal information is required quarterly from the satisfaction survey, this is an opportunity to highlight other findings from the survey. The parent/client satisfaction survey is an effective tool to use as the foundation of the local evaluation. It certainly does not have to be limited to satisfaction and could be the only other data collected for this purpose.

- 4) The final component should focus on a summary of the data and other program information in the context of continuous improvement and program planning.
 - a) Ultimately, this is where the report will present how the information presented in the previous sections will impact the future of the program.
 - b) Specifically, it moves from what the data are saying to what the program is learning, expanding, and changing because of the data.
 - c) This section should, minimally, set the direction for program implementation in the following grant year, and inform the local program, grant monitors, and administrators of the direction of the program.

Technical Assistance with Local Program Evaluations:

Contact your grant monitor!

Jeff Sadler, Michigan Children's Trust Fund

517.335.4620

sadlerm@michigan.gov

Dawn Ritter, Michigan Department of Human Services

517.335.0650

ritterd@michigan.gov

For technical assistance with conducting evaluations and collecting data, contact the 0-3 Evaluation Consultant:

Michael Gillespie, Gillespie Research, LLC

248.912.0278

michael@gillespieresearch.org

Michigan Department of Human Services – Office of Contracts and Rate Setting
Children's Trust Fund Prevention Services (CTFPR) - Grant (CM-F157)
Cover Sheet

| | | | | | |
|--|----------|---|---|---|--|
| Contractor Name: Sample | | | Contract #: CTFPR-08-Series | | |
| Total Amount: \$ 50,000.00 | | 1 st Year \$ 50,000.00 | | 2 nd Year \$ N/A | |
| CS-138#: NJ | Expires: | Commodity Code: 94661 | | Mail Code: | |
| Contract Administrator: Jeff Sadler | | | Phone #: 517-335-4620 | | |
| SS# or Fed. I.D. # varies | | | Award Status: <input checked="" type="checkbox"/> Bid <input type="checkbox"/> Sole Source <input type="checkbox"/> Fair Market Rate | | |
| Begin day and month of Contractor's fiscal year: 1st day of month April 2008 month of year | | | | | |
| Audit Status: <input type="checkbox"/> Vendor <input type="checkbox"/> No Federal Funds <input checked="" type="checkbox"/> Sub-recipient If checked, record CFDA numbers(s) below 93.558 | | | | Faith Based: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Count(ies): Various | | | | | |
| Org. Type: <input checked="" type="checkbox"/> Private, Non-profit <input type="checkbox"/> Private, Proprietary <input type="checkbox"/> Public <input type="checkbox"/> University | | | | | |
| Payment Type: <input checked="" type="checkbox"/> Actual Cost <input type="checkbox"/> Unit Rate <input type="checkbox"/> Fair Market Rate | | | | | |
| Contractor is a state employee: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Contractor is a retired state employee: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Index Code: 60790 | | PCA: 72364 | | AOC: 6325 | |

The grant administrator by submission of this document assures no changes have been made to the General Provisions of standard DHS grant formats.

| | |
|-----------------------|--------------------|
| Contract No: | CTFPR-08-Series |
| County: | Statewide Proposal |
| Total Grant Amount: | \$50,000.00 |
| Six (6) Month Amount: | \$50,000.00 |
| Method of Payment: | Actual Cost |

GRANT AGREEMENT

between

Children's Trust Fund (CTF) Office of the
Michigan Department of Human Services (DHS) &
235 South Grand Avenue
P.O. Box 30037
Lansing, Michigan 48909

(hereinafter referred to as "Grantee" or
"Contractor")

This Agreement is administered through DHS with funds provided through DHS by Department of Education and Department of Community Health.

This Agreement is effective from April 1, 2008, through September 30, 2008.

I. GRANTEE RESPONSIBILITIES

A. Geographic Area

The Grantee shall provide services described herein in the following geographic area: |.

B. Location of Facilities

The Grantee shall provide services described herein at the following location(s):
Main office is located at _____. Services are
provided to at risk families county wide via home visitation.

C. Target Population/Client Eligibility Criteria:

1. Expectant families and those with children age birth through three residing in _____ county who have been identified to be at risk, who meet the definition of secondary prevention and do not have an open Children's Protective Services (CPS) case with a Category I or II disposition.

2. Determination of Eligibility

Families assessed by the _____ found to have one or more of the following risk factors:

- Parent who Perceives Harsh Punishment of Child as Appropriate
- Family History of Child Abuse
- Parent with Destructive or Violent Temperament
- Parent with Substance Abuse or Addiction
- Parent with Rigid and Unrealistic Expectations of Child's Behavior
- Child Unwanted or at Risk for Poor Bonding
- Parent with Negative or Ambivalent Attitude Regarding Pregnancy or Parenting
- Parent who Perceives Child as Difficult
- Parent with a Child(ren) who is Difficult
- Parent with Diagnosed Physical Condition that Interferes with Parenting Ability
- Parent with Serious Mental Disturbance
- Family History of Diagnosed Family Problems
- Infant/Child who is Drug-Exposed
- Infant/Child Diagnosed with Failure to Thrive
- Family with Multiple Crises or Stresses
- Family with Marital/Partner Conflict
- Family with Extended Family Conflict
- Family with Housing Problems
- Family in an Unsafe Living Environment
- Family who is Homeless
- Family who is Isolated with Inadequate Support System
- Infant with Low Birth Weight
- Child with Developmental Delay
- Child with Nutritional Deficiency
- Child with Long-Term or Chronic Illness
- Child with Diagnosed Handicapping Condition
- Parent with Low Self Esteem and/or Depression
- Parent with Learning Disability
- Parent who is Emotionally Immature

- Parent with Language Deficiency or Immaturity
- Family History of Low School Achievement or Dropout
- Family History of Delinquency
- Low Parental/Sibling Educational Attainment or Illiteracy
- Single Parent
- Unemployed Parent(s)
- Low Family Income
- Teen Parent
- Family with Large Number of Children or Closely Spaced Young Children
- Family with Incarcerated Parent

D. Credentials

The Grantee shall assure that appropriately credentialed or trained staff shall perform functions under this Agreement.

E. Services to be Delivered

Insert Program Summary

1. Activities the Grantee shall perform:

The Grantee shall:

- a. Utilize the Healthy Families America (HFA) curriculum.
 - i) Provide weekly home visits to new families identified to be at risk. Home visits may become less intensive as families move through the program, gaining skills and reducing CAN risk factors.
 - ii) Home visits shall be led by Family Support Workers (FSW) professionals (BSW or equivalent) who are trained in parenting support and education techniques.
 - iii) Screen children quarterly for developmental delay using the Ages and Stages Questionnaire.
 - iv) Refer families to other community based services if indicated (e.g., Early On referral in a case where developmental delay is suspected).
 - v) Refer and provide parents with resources to promote school readiness by providing books, referrals and related materials to all families.
 - vi) Provide parenting education on positive child discipline best practice strategies.
 - vii) Provide parenting education on:

- a. safe sleep
- b. safe delivery
- c. shaken baby
- d. environmental safety
- e. nutrition
- f. health
- viii) Provide individualized support to help reduce stress for caregivers.
- ix) Refer for mental health counseling if appropriate.
- x) Provide referrals for:
 - a) transportation assistance
 - b) tangible goods such as household and baby items
- xi) Conduct parent support & education groups quarterly
- b. Report to the CTF each quarter the number of families /children that:
 - i) have a primary health care provider.
 - ii) are current with well child doctor visits
 - iii) are up-to-date with age appropriate childhood immunizations.
 - iv) expectant mothers receive the recommended number of prenatal doctor visits.
- c. Involve parents in program and outcome planning.
- d. Support healthy family environments that discourage alcohol, tobacco and other drug use.
- e. Promote marriage and or healthy couple relationships.
- f. Assess parent satisfaction with 0-3 prevention services.

2. Volume of Service

Clients - The estimated number of unduplicated eligible clients to be served during the period of this Agreement shall be: |

3. Unit Definition(s): One unit equals one family successfully completing their individualized service plan.

4. Units: |The estimated number of units of service to be provided per term of Agreement shall be: |

From the total amount, the estimated number of units to be provided during the following period is:

| <u>Fiscal Year 2008</u> | <u>Estimated Number of Units</u> |
|--|----------------------------------|
| April 1, 2008 through September 30, 2008 | |

F. Evaluation Reporting Requirements

The Grantee shall submit to the DHS quarterly reports that indicate the status and effectiveness of activities performed under this Agreement as indicated:

1. Comply with all program and fiscal reporting procedures as are or may herein after be established by CTF.
 - a. Submit quarterly reports to CTF on the format provided by CTF no later than July 20, and October 20, for the duration of this Agreement. If multiple programs are provided under one Agreement fiduciary, all reporting information for all programs, including data and expenditures, must be consolidated by the Grantee into one report. The Grantee shall submit additional materials to:

Children's Trust Fund
Suite 1411, Grand Tower Building
235 S. Grand Ave.
Lansing, MI 48933
ATTN: Jeff Sadler

2. Late Reports

Failure by the Grantee to submit reports required by this Agreement, or to submit the reports in a timely fashion may, at the discretion of CTF result in a 25% reduction of the maximum amount of this Agreement for the applicable fiscal period.

G. Audit Requirements

Subrecipient Relationship

This Agreement constitutes a subrecipient relationship with DHS. The Grantee is required to comply with all federal regulations that related to the accounting and auditing of the federal award used to fund this Agreement. This includes, but is not limited to, compliance with OMB Circular A-133.

Regulations applicable to funding sources are included in the Catalog of Federal Domestic Assistance (CFDA). The Federal Program Title, CFDA number, and federal financial participation (FFP) rate DHS will use for this Agreement are:

| Federal Program Title | CFDA # | FFP% |
|-----------------------|--------|------|
| TANF | 93.558 | 100% |

However, DHS may change the CFDA number and/or FFP rate during the course of this Agreement. CFDA numbers and FFP rates for this Agreement shall be posted quarterly on the DHS web site. The Grantee is required to check the web site to obtain up to date information regarding the CFDA numbers.

The Contractor shall consult the following website address to obtain CFDA numbers, payments, program updates, and other audit information:

http://www.michigan.gov/DHS/0,1607,7-124-5455_7199_8380---,00.html

DHS agrees to participate in audit cost related to the audit as described in other sections of this contract.

Reporting Requirements

The Grantee must immediately report to the DHS Office of Internal Audit accounting irregularities including noncompliance with contract provisions.

If the Grantee required per OMB Circular A-133 to have a Single Audit performed, the Grantee must submit the Reporting Package and an Audit Transmittal Letter to the DHS Office of Internal Audit at the address that follows and in accordance with the time frame established in the Circular.

Reporting Package includes:

1. Financial statements and schedule of expenditures of Federal awards
2. Summary schedule of prior audit findings
3. Auditor's report(s)
4. Corrective action plan, if applicable

Audit Transmittal Letter

The Grantee is responsible to identify in the Audit Transmittal Letter all organizations it operates that administer DHS subrecipient programs and the different names the Grantee may use to contract with DHS. The Grantee is responsible for proper completion and submission of the Audit Transmittal Letter. This letter, to be accurately processed by DHS, must include the following information:

1. Grantee's name as reported in the DHS contract(s)
2. Grantee's Federal Identification number(s) as reported in the DHS contract(s)
3. Grantee's fiscal year end
4. Identify other name(s) and other Federal Identification number(s) used by the Grantee

If a Single Audit is not required per OMB Circular A-133, the Grantee must still submit an Audit Transmittal Letter stating why a Single Audit was not required

and the Grantee's fiscal year to which the letter pertains. The Audit Transmittal Letter should include items stated in the section, "Audit Transmittal Letter," described below. The letter may be mailed to the address below or FAX to (517) 373-8771.

Mailing address for all information:

Michigan Department of Human Services
Office of Internal Audit
235 S. Grand Ave. Suite 1112
Lansing, MI 48909
Attention: William Addison, CPA

If the Grantee is a subrecipient of DHS, but asserts it is not required to have a Single Audit performed, the Grantee shall submit an audit transmittal letter to the DHS Office of Internal Audit stating the reason the Single Audit is not required. Failure by the Grantee to submit the transmittal letter shall result in invoking the same sanctions on the Grantee as failure to submit the Single Audit report.

Audit Cost

Cost of the Single Audit can only be charged to this agreement if there is a provision within this Agreement that allows payment for the Single Audit cost. No audit cost may be charged to this agreement if the Grantee is not required to have a Single Audit.

No audit costs may be charged to DHS when audits required by this contract have not been performed or have not been performed in accordance with OMB Circular A-133 requirements. Late submission (as defined in OMB Circular A-133) of the Single Audit report and/or Audit Transmittal Letter is considered non-compliance with this section and may be grounds to impose sanctions.

Sanctions

DHS may impose sanctions if the Grantee fails to adhere to any of the audit requirements in this Agreement, including the audit transmittal letter. In cases of continued inability or unwillingness on the part of the Grantee to comply with audit requirements, DHS may recoup all federal payments made to the Grantee during the period for which a single audit was required but not performed.

H. Evaluation

1. The Grantee shall be required to annually review and evaluate services provided under this Agreement. This evaluation process must include identification of measurable performance objectives and results.

2. The Grantee shall participate in and assist in all CTF research and evaluation efforts as determined by CTF. Data collected/compiled and reports on such efforts may be available to the Grantee for their use.
3. All grantees will be required to administer a pre/post family functioning scale to families provided through the Michigan Children's Trust Fund.
4. The Grantee shall implement the Adult and Adolescent Parenting Inventory (AAPI) to collect data.

I. Match

The Grantee agrees to provide match of 25% of the grant with at least 15% of the match being cash. Federal funds may not be used as cash match. Cash match must be local source contributions. The amounts and types of match are subject to approval by the CTF. The sources of match must be verifiable.

J. Assignment

This Agreement may not be assigned by the Grantee without the written consent of the funding agencies.

K. Accounting

The grantee shall retain financial records, supporting documents, statistical records, and all other records pertinent to an award for a period of six years from the date of submission of the final expenditure report or, for awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report, as authorized. The only exception is if any litigation, claim, or audit is started before the expiration of the six year period, the Grantee shall retain the records until all litigation, claims or audit findings involving the records have been resolved and final action taken.

The CTF shall act on behalf of the funding agencies for the administration of the 0-3 Secondary Prevention Grants. All reports, requests, amendments, etc. should be communicated through the CTF.

L. Assignment

This Agreement may not be assigned by the Grantee without the written consent of CTF.

M. Participation in Surveys

The Grantee shall complete all surveys conducted by CTF or funding agencies and return them in a timely manner. If a program had concerns with any information contained in the survey, the concern shall be expressed in writing and an exception to the policy may be provided.

N. Miscellaneous

This Agreement shall be governed by the laws of the State of Michigan. Any waiver by either party of any term of this contract shall not act as a waiver of any other term of this contract.

O. Fiscal Requirements

The Grantee shall install and maintain an accounting system to identify and support all expenditures billed to DHS under this Agreement. The accounting system must record all income and expenses for the Grantee's total program of which services provided under this Agreement are a part. The accounting system, as a minimum, shall consist of a chart of accounts, cash receipts journal, cash disbursements journal, and general ledger. All expenditures and income must be supported by vouchers and receipts that detail the reason for the transaction.

The Grantee shall maintain, within the accounting system, salary and fringe benefits accounts that break out positions, hospitalization, retirement, workmen's compensation and other fringe benefits. The Grantee shall establish and maintain payroll records for all employees. The Grantee, in establishing and allocating salary and wages for employees, shall support these charges by establishing an adequate appointment and workload distribution system, accompanied by monthly reviews showing the actual changes in the workload distribution of each employee (i.e., an exception reporting system).

P. Billing Method

As used in this Agreement, "Cost Documentation" refers to the CM-468-ex Total Program Budget Summary, and the Grant Budget Statement Detail sheets attached hereto.

The Actual Cost Reimbursement Method shall be used in claiming reimbursement under this Agreement. The Cost Documentation is hereby made a part of this Agreement. The Grantee certifies that this budget has been prepared in accordance with the Budget Completion Instructions provided by DHS. This document details the amount and object of expenditures for which the Grantee shall use funds paid under this Agreement. The Grantee is authorized to expend funds only for those resources indicated in the budget that are allowable, properly allocated and reasonable as defined in the Budget Completion Instructions. Only cost actually incurred in providing the specific services on this Agreement may be billed to DHS. The Grantee shall follow and adhere to the budget. However,

expenditures up to a 10% increase or \$1,000, whichever is greater above the direct cost line item budget categories are permissible provided the sum of all expenditures does not exceed the total amount of the Agreement. The Grantee shall not be reimbursed for any expenditures incurred in budget line items that do not include dollar amounts. The Grantee must obtain prior written approval from DHS to increase any line item by more than 10% or \$1,000, whichever is greater. The DHS representative authorized to approve budget revisions is the Director, CTF. The Grantee's request for DHS approval must contain sufficient information to allow DHS to identify which budget line items are to be increased and which line items are to be decreased, staying within the originally approved budget total.

For travel costs, including mileage, meals, and lodging, incurred related to services provided under this Agreement, the Grantee may bill DHS the premium state rate, or Grantee's usual reimbursement rate for employees, whichever is less. State of Michigan travel rates may be found at the following website:

http://www.michigan.gov/dmb/0,1607,7-150-9141_13132---,00.html

Q. Billing Procedure

The Grantee shall submit a "Statement of Expenditures" to DHS. This Statement shall indicate actual expenditures incurred broken out by category of expense in the performance of this Agreement for the period being billed and the units of service delivered. This Statement shall be submitted to DHS within thirty days from the end of the billing period. For the month of September, billings shall be submitted as reasonably directed by the grant administrator to meet fiscal year end closing deadlines.

II. DHS RESPONSIBILITIES

A. Payment

DHS shall make payments to the Grantee approximately four weeks after receipt by DHS of the Grantee's "Statement of Expenditures" detailing program related budgeting expenditures as set forth in Cost Documentation attached to this Agreement.

B. Maximum Amount of Agreement

DHS hereby agrees to pay the Grantee an amount not to exceed Fifty Thousand dollars and 00/100 (\$50,000.00) for services performed in accordance with the terms of this Agreement exclusively during the period April 1, 2008 through September 30, 2008.

Of the total amount, the maximum that may be expended during the following period shall be:

Fiscal Year 2008

April 1, 2008 through September 30, 2008

Contract Amount

\$50,000.00

Obligations incurred prior to or after the period covered by this Agreement shall be excluded from the Grantee's monthly invoices.

If a quarterly report is not submitted by the Grantee by the due date, at its discretion, DHS reserves the right to withhold payment until the report is received.

If the Grantee does not meet the required match, the amount of this Agreement shall be decreased by the amount needed to meet the match requirement.

C. Evaluation Criteria

The services provided by the Grantee under this Agreement shall be evaluated by DHS on the basis of the following criteria:

1. Funding is intended to support 0-3 Secondary Prevention program services designed to promote strong nurturing families and prevent child abuse and neglect from occurring and will be evaluated on the basis of the projects successes on:
 - a) Fostering positive parenting skills especially for parents of children ages 0-3
 - b) Improving parent/child interaction
 - c) Promoting access to needed community services
 - d) Increasing local capacity to serve families at risk
 - e) Improving school readiness
 - f) Supporting healthy family environments that discourage alcohol, tobacco and other drug use
 - g) Promoting marriage through healthy couple relationships

D. Initial Payments

DHS shall make an initial payment in the amount of Twelve Thousand Five Hundred dollars and 00/100 (\$12,500.00) to the Grantee within approximately thirty (30) days after full execution of this Agreement. Subsequent monthly payments shall be adjusted, in consideration of the initial payment, to prevent total payments from exceeding total expenditures and not to exceed the contract amount.

III. GENERAL PROVISIONS – Private, Non-profit and Private, Proprietary

A. DHS' Source of Funds-Termination

DHS' payment of funds for purposes of this Agreement is subject to and conditional upon the availability of funds for such purposes, being Federal and/or State funds. No commitment is made by DHS to continue or expand activities covered by this Agreement. DHS may terminate this Agreement immediately upon written notice to the Contractor at any time prior to the completion of this Agreement if, in the opinion of DHS, funding becomes unavailable for this service or such funds are restricted.

Funding for services to be provided beyond the end of the initial fiscal year is dependent on legislative appropriation. Based on the availability of funds in each fiscal year covered by this Agreement, subsequent to the initial fiscal year, and based on DHS' determination of the volume of service needed on a yearly basis, this Agreement may be amended at the discretion of DHS. The amendment shall specify the dollar amount and volume of service to be purchased in each fiscal year subsequent to the initial fiscal year.

B. Civil Service Rules and Regulations

The State of Michigan is obligated to comply with Article XI, Section 5, of the Michigan Constitution and applicable civil service rules and regulations. Other provisions to this Agreement notwithstanding, the State personnel director is authorized to disapprove contractual disbursements for personal services if the State personnel director determines that the contract violates Article XI, Section 5 of the Michigan Constitution or applicable civil service rules and regulations.

C. Fees and Other Sources of Funding

The Contractor guarantees that any claims made to DHS under this Agreement shall not be financed by any source other than DHS under the terms of this Agreement. If funding is received through any other source, the Contractor agrees to delete from Contractor's billings, or to immediately refund to DHS, the total amount representing such duplication of funding.

The Contractor may not accept reimbursement from a client unless the Agreement specifically authorizes such reimbursement in the "Contractor Responsibility" section. In such case, a detailed fee scale and criteria for charging the fee must be included. If the Contractor accepts reimbursement from a client in accordance with the terms of the Agreement, the Contractor shall deduct these fees from billings to DHS.

Other third party funding sources, e.g., insurance companies, may be billed for contracted client services. Third party reimbursement shall be considered

payment in full unless the third party fund source requires a co-pay, in which case DHS may be billed for the amount of the co-pay. No supplemental billing is allowed.

D. Reporting

The Contractor shall comply with all program and fiscal reporting procedures as are or may hereinafter be established by DHS. The Contractor shall also comply with all reporting procedures established by DHS in completion of progress reports at time intervals, on forms, in formats, and by means specified by DHS. In particular, reports or billing documents denoting event dates shall record month, day and year as specified by DHS. In all electronic filings, four digits shall be used to designate century. Any additional reports as deemed necessary by DHS shall be made and submitted by the Contractor upon request.

E. Examination and Maintenance of Records

The Contractor shall permit DHS or any of its identified agents access to the facilities being utilized at any reasonable time to observe the operation of the program. Further, the Contractor shall retain all books, records or other documents relevant to this Agreement for six years after final payment, at the Contractor's cost, and Federal auditors and any persons duly authorized by DHS shall have full access to and the right to examine and audit any of said material during said period. If an audit is initiated prior to the expiration of the six-year period and extends past that period, all documents shall be maintained until the audit is completed. DHS shall provide findings and recommendations of audits to the Contractor. DHS shall adjust future payments or final payment if the findings of an audit indicate over payment to the Contractor in any period prior to the audit. If no payments are due and owing the Contractor, the Contractor shall refund all amounts which may be due DHS within 30 days notice by DHS. The Contractor shall assure, as a condition of any sale or transfer of ownership of the Contractor agency, that the new purchasers or owner maintains the above-described books, records or other documents for any unexpired portion of the six-year period after final payment under this Agreement or the Contractor shall otherwise maintain said records as DHS may direct. If business operations cease, the Contractor shall maintain records as DHS may direct.

The Contractor shall, as a provision of the Agreement between the Contractor and the auditor, assure that DHS may make reasonable inquiries of the auditor relating to audit workpapers and, furthermore, that DHS may review the auditor's workpapers in support of the audit.

F. Insurance Coverages

The Contractor shall provide and maintain public liability insurance in such amounts as necessary to cover all claims which may arise out of the Contractor's

operations under the terms of the Agreement and provide proof of such insurance coverage to DHS prior to the effective date of this Agreement. Unemployment compensation coverage and workers compensation insurance shall be maintained in accordance with applicable Federal and State laws and regulations.

The Contractor shall provide and maintain general, professional, medical and/or automobile liability including non-owned auto insurance in such amounts as necessary to cover all claims which may arise out of the Contractor's operations under the terms of the Agreement and provide proof of such insurance coverage (on the standard Acord form) to DHS prior to the effective date of this Agreement. For private non-profit and proprietary agencies, the minimum amount is \$1,000,000.00 (one million dollars). The Contractor agrees to provide evidence that all applicable insurance policies related to the Contractor's negligence arising out of the requirements of this contractual agreement will not cause policy to be cancelled, materially changed, or not renewed without thirty (30) days prior written notice to DHS. The Contract must list the State of Michigan as an additional insured on the general liability insurance and, if a motor vehicle is used to provide services under this Agreement, on the vehicular liability insurance.

Except where DHS' Office of Contracts and Rate Setting has approved an exception in writing, the Contractor shall require all of its subcontractors under the Agreement to purchase and maintain the insurance coverage as described above for the Contractor in connection with the performance of work by those subcontractors. As used in this paragraph, subcontractor means a company the Contractor delegates performance of a portion of the services to, but does not include independent contracts engaged by the Contractor solely in a staff augmentation role.

The Contractor shall maintain all required insurance coverage throughout the term of the Agreement and any extensions thereto.

G. Liability

The Contractor shall indemnify, save and hold harmless DHS against any and all expense and liability of any kind which DHS may sustain, incur or be required to pay arising out of this Agreement; provided, however, that the provisions of this paragraph shall not apply to liabilities or expenses caused by or resulting from the willful or negligent acts or omissions of DHS or any of its officers or employees. Further, in the event the Contractor becomes involved in or is threatened with litigation, the Contractor shall immediately notify DHS and DHS may enter into such litigation to protect the interest of DHS.

H. Compliance with Civil Rights, Other Laws

The Contractor shall not discriminate against any employee or applicant for employment with respect to hire, tenure, terms, conditions, or privileges of

employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight or marital status pursuant to P.A. 453 of 1976, Section 209. The Contractor shall also comply with the provisions of the Michigan Persons with Disabilities Civil Rights Act, P.A. 1976, No. 220, as amended (M.C.L. Section 37.1101 et. seq.) and Section 504 of the Federal Rehabilitation Act of 1973, P.L. 93-112, 87 Stat. 355, which states that no employee or client or otherwise qualified handicapped individual shall, solely by reason of this handicap, be excluded from participation, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Further, the Contractor shall comply with the Americans with Disabilities Act of 1990 (ADA), P.L. 101-336, 104 Stat. 327, which prohibits discrimination against individuals with disabilities and provides enforcement standards. The Contractor shall comply with all other Federal, State or local laws, regulations and standards, and any amendments thereto, as they may apply to the performance of this Agreement.

I. Publication - Approval and Copyright

The State of Michigan shall have copyright, property and publication rights in all written or visual material or other work products developed in connection with this Agreement. The Contractor shall not publish or distribute any printed or visual material relating to the services provided under this Agreement without prior written permission of the State of Michigan.

If the Contractor or an agent of the Contractor creates and/or reproduces under this Agreement materials which are developed for consumption by the general public or as a general information tool and which are funded in whole or in part with State of Michigan funds, the Contractor or its agent must include one of the statements referenced below, as they apply:

- This program is funded by the State of Michigan or
- This program is funded in part by the State of Michigan

News releases (including promotional literature and commercial advertisements) pertaining to this Agreement shall not be made without prior written DHS approval, and then only in accordance with the explicit written instructions from DHS. No results of the activities associated with the Agreement are to be released without prior written approval of DHS and then only to persons designated.

J. Confidentiality

The use or disclosure of information concerning services, applicants or recipients obtained in connection with the performance of this Agreement shall be restricted to purposes directly connected with the administration of the programs implemented by this Agreement. In all other cases, disclosure shall be made only

when required by federal and state laws, court orders and subpoenas, or subpoenas by a grand jury.

K. Fixed Assets

DHS reserves the right to obtain or transfer title to all fixed assets, real or personal, included in the approved budget of this Agreement, billed in full or in part to DHS by the Contractor, and not fully utilized at the conclusion of the Agreement. Fixed asset costs billed to DHS shall be limited to straight-line determination or a use charge pre-approved by DHS and shall be used only for the performance of the Agreement unless another use is authorized in writing by DHS.

At least 30 days prior to the end date of this Agreement (which includes cancellation of the Agreement) the Contractor shall report to DHS the book value of all fixed assets and non-consumables purchased with DHS funds and request written instructions regarding the disposal of these fixed asset and consumable and/or non-consumable supplies that has been acquired with funds through this Agreement. Any gain on the sale or disposition of fixed assets before completion of the Agreement must be immediately refunded to DHS.

L. Subcontracts

The Contractor shall not assign this Agreement or enter into subcontracts to this Agreement with additional parties without obtaining prior written approval of DHS' Office of Contracts and Rate Setting. DHS, as a condition of granting such approval, shall require that such assignees or subcontractors shall be subject to all conditions and provisions of this Agreement including Criminal Record and Central Registry background checks. The Contractor shall be responsible for the performance of all assignees or subcontractors.

The Contractor obligates the direct services subcontractors to maintain DHS' confidential information in confidence. At DHS' request, any employee of the Contractor and of any subcontractor having access or continued access to DHS' confidential information may be required to execute an acknowledgment that the employee has been advised of Contractor's and the subcontractor's obligations under this section and of the employee's obligation to Contractor or subcontractor, as the case may be, to protect such confidential information from unauthorized use or disclosure.

M. Cancellation of Agreement

DHS may cancel the Agreement without further liability to DHS or its employees by giving the Contractor written notice of such cancellation thirty days prior to the date of cancellation. The Contractor may terminate this Agreement upon thirty

days written notice to DHS at any time prior to the completion of the Agreement period.

In case of default by the Contractor, DHS may immediately cancel the Agreement without further liability to DHS or its employees, and procure the services from other sources.

In addition, DHS may immediately cancel the Agreement without further liability to DHS or its employees if the Contractor, an officer of the Contractor, or an owner of a 25% or greater share of the Contractor is convicted of a criminal offense incident to the application for or performance of a State, public, or private contract or subcontract; or convicted of a criminal offense including but not limited to any of the following: embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, attempting to influence a public employee to breach the ethical conduct standards for State of Michigan employees; convicted under State or Federal antitrust statutes; or convicted of any other criminal offense which, in the sole discretion of DHS, reflects on the Contractor's business integrity.

DHS may cancel the Agreement upon thirty days written notice if DHS determines that the Contractor, its agent, or its representative has offered or given a gratuity, kickback, money, gift, or any thing of value to an officer, official, or employee of the State intended, by the gratuity, to obtain a contract or favorable treatment under a contract. The Contractor hereby certifies that no funds have been given to any state officer, official, or state employee for influencing or attempting to influence such officer, official, or employee of the State.

N. Closeout

When this Agreement is concluded or terminated, the Contractor shall provide DHS, within thirty (30) days after conclusion or termination, with all financial, performance and other reports required as a condition of the Agreement. DHS shall make payments to the Contractor for allowable reimbursable costs not covered by previous payments. The Contractor shall immediately refund to DHS any payments or funds advanced to the Contractor in excess of allowable reimbursable expenditures.

O. Continuing Responsibilities

Termination, conclusion, or cancellation of this Agreement shall not be construed so as to terminate the ongoing responsibilities of the Contractor or rights of DHS contained in Section III, "Examination and Maintenance of Records" and Section III, "Closeout" of this Agreement.

P. Disputes

The Contractor shall notify DHS in writing of intent to pursue a claim against DHS for breach of any terms of this Agreement. No suit may be commenced by the Contractor for breach of this Agreement prior to the expiration of ninety (90) days from the date of such notification. Within this ninety (90) day period, the Contractor, at the request of DHS, must meet with the Director of DHS or designee for the purpose of attempting resolution of the dispute.

Q. Agreement Inclusiveness/Amendment

This Agreement contains all the terms and conditions agreed upon by the parties. No other understanding, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto. The Contractor shall, upon request by DHS and receipt of a proposed amendment, amend this Agreement, if and when required in the opinion of DHS, due to the revision of Federal or State laws or regulations. If the Contractor refuses to sign such amendment within fifteen (15) days after receipt, this Agreement shall terminate upon such refusal. This Agreement may otherwise be amended only by the written consent of all the parties hereto.

R. Termination - Unfair Labor Practice

Pursuant to 1980 Public Act 278, as amended, MCL 423.231, et seq., DHS shall not award a contract or subcontract to an employer whose name appears in the current register of employers failing to correct an unfair labor practice compiled pursuant to Section 2 of the Act. A Contractor of the State, in relation to the Contract, shall not enter into a contract with a subcontractor, manufacturer, or supplier whose name appears in this register. Pursuant to Section 4 of 1980 Public Act 278, MCL 432.324, DHS may void any contract upon fifteen (15) days notice if, subsequent to award of the contract, the name of the Contractor as an employer, or the name of the subcontractor, manufacturer or supplier of the Contractor appears in the register.

S. Monitoring Requirements

DHS reserves the right to perform unscheduled on-site visits during normal business hours, to monitor the Contractor's activities under this Agreement at any time, either during the term, or within one year after termination of the Agreement. The Contractor shall cooperate with DHS during the monitoring process by making available all records, facilities, and other resources necessary to perform the review.

If DHS detects noncompliance with this Agreement, and/or questioned costs during the course of its review, these items shall be identified and conveyed to the Contractor in an exit conference. DHS shall provide the Contractor with a detailed written report of these findings within thirty (30) days of the exit conference. The

Contractor is required to address each item in DHS' report by providing a Corrective Action Plan (CAP) to eliminate or correct each issue of noncompliance. The Contractor shall submit the Corrective action plan to DHS within thirty (30) days from issuance of DHS' report.

If DHS identifies questioned costs that cannot be substantiated, DHS may, at its discretion, and after consultation with the Contractor, require the Contractor to submit revised DHS-3469, "Statement of Expenditures": to reflect adjustment for disallowed costs. Submission of revised billings to DHS shall be made within a time schedule established by DHS and the Contractor. If the Contractor fails to comply with monitoring requirements as set forth in this Agreement, and within allotted time frames mutually established, DHS may, at its discretion, invoke sanctions on the Contractor, which may include, but are not limited to, actions to collect disallowed costs and/or cancellation of the Agreements.

T. Recoupment of Funding

If the Contractor fails to comply with monitoring requirements as set forth in this Agreement, or fails to submit a revised DHS-3469, "Statement of Expenditures" within allotted time frames established by DHS in consultation with the Contractor, DHS may, at its discretion, recoup or require the Contractor to reimburse payments made under this Agreement which DHS has determined that the Contractor has been overpaid.

Upon notification by DHS that repayment is required, the Contractor shall make payment directly to DHS within 30 days or DHS may withhold current or future payments made under this or any other agreements, current or future, between DHS and the Contractor.

If the Contractor fails to: (1) correct noncompliance activities identified by DHS, (2) submit revised billings as requested as part of a Corrective Action Plan when required; or (3) remit overpayments or make arrangements to have the overpayments deducted from future payments within 30 days, such failure shall constitute grounds to terminate immediately any or all of DHS' agreements with the Contractor. DHS shall also report noncompliance of Contractor to Michigan's Department of Management and Budget. Such report may result in Contractor's debarment from further contracts with the State of Michigan.

U. Reporting of Retiree Employment

ALL OTHER CONTRACT PROVISIONS NOTWITHSTANDING, no reimbursement may be claimed under this agreement for salary or subcontracting expense for any employee who retired from the State of Michigan using the early retirement program authorized by PA 93 of 2002.

The Contractor shall provide written notification within fifteen (15) days of hiring to DHS Office of Contracts and Rate Setting (OCRS) the name, social security number, and work site of any employee who retired from the State of Michigan using the early retirement program authorized by PA 93 of 2002. Failure to notify the OCRS within the allotted time period may result in the exclusion as disallowance of all costs related to this agreement up to the time the proper notification is received by OCRS.

V. Certifications Regarding Lobbying

As required by section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the Contractor certifies that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any persons influencing or attempting to influence an officer or employee of an department, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any department, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard form – LLL, “Disclosure of Lobbying Activities,” in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

W. Certification Regarding Debarment, Suspension, and Other Responsibility Matters

As required by Executive Federal order 12549, Debarment and Suspension, and implementation at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510. The Contractor certifies they and their principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or department.
2. Have not within a three-year period preceding this agreement been convicted of or had civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
4. Have not within a three-year period preceding this Agreement had one or more public transactions (Federal, State or local) terminated for cause and default; and
5. Where the parties are unable to certify to any of the statements in this certification, he or she shall attach an explanation to this agreement.

The Contractor shall promptly notify DHS of any criminal litigation, investigations or proceeding which may have arisen or may arise involving the Contractor or any of the Contractor's subcontractors, or any of the foregoing entities' then current officers or directors during the term of this Agreement and three years thereafter.

All notices shall be provided in writing to DHS within fifteen business days after the Contractor learns about any such criminal or civil investigations and within fifteen days after the commencement of any proceeding, litigation, or arbitration, as otherwise applicable. Details of settlements, which are prevented from disclosure by the terms of the settlement, shall be annotated as such. The Contractor may rely on similar good faith certifications of its subcontractors, which certification shall be available for inspection at the option of DHS.

The Contractor certifies to the best of its knowledge that within the past three (3) years, the Contractor has not;

1. Failed to substantially perform a state contract or subcontract according to its terms, conditions, and specifications within specified time limits.

2. Refused to provide information or documents required by a contract including, but not limited to information or documents necessary for monitoring contract performance.
3. Failed to respond to requests for information regarding contract compliance, or accumulated repeated substantiated complaints regarding performance of a contract.
4. Failed to perform a state contract or subcontract in a manner consistent with any applicable state or federal law, rule, regulation, order, or decree.

Contractor shall include above language in Part V in all subcontracts with other parties.

The Contractor shall require each primary subcontractor, whose subcontract will exceed \$25,000, to disclose to the Contractor, in writing, whether at the time of the award of the subcontract, the subcontractor, or its principals, is or is not debarred, suspended, or proposed for debarment by the State of Michigan. The Contractor shall then inform DHS of the subcontractor's status and reasons for the Contractor's decision to use such subcontractor, if the Contractor so decides.

If it is determined that the Contractor knowingly rendered an erroneous certification under this provision, in addition to the other remedies available to the state, DHS may immediately terminate this Agreement. If the state finds that grounds to debar exist, it shall send notice to the Contractor of proposed debarment indicating the grounds for proposed debarment and the procedures for requesting a hearing. If the Contractor does not respond with a written request for a hearing within twenty (20) calendar days, the state shall issue the decision to debar without a hearing. The debarment period may be of any length up to eight (8) years. After the debarment period expires, the Contractor may reapply for inclusion on bidder lists through the regular application process by authority of Executive Order 2003-1.

X. Compliance with Federal and State Requirements

The Contractor shall comply with all Federal, State or local statutes, regulations and administrative rules, and any amendments thereto, as they may apply to the performances of this Agreement.

The Contractor shall keep informed of federal, state, and local laws, ordinances, rules, regulations, orders, and decrees of bodies or tribunals having any jurisdiction/authority that in any manner affects those engaged in or employed on the work done under this Agreement or that in any manner affects the conduct of the work done under this Agreement.

Y. Freedom of Information Act

All information in this Agreement is subject to the provisions of the Freedom of Information Act, 1976 public Act No. 442, as amended, MCL 15.231, et seq.

IN WITNESS WHEREOF, the DHS and the Grantee have caused this Agreement to be executed by their respective officers duly authorized to do so.

The Undersigned has the lawful authority to bind the Grantee to the terms set forth in this Agreement.

Dated at _____, Michigan _____
(Grantee)

this _____ day of _____, _____ By: _____

Witness: _____

Dated at _____, Michigan _____
CHILDREN'S TRUST FUND
DEPARTMENT OF HUMAN SERVICES

this _____ day of _____, _____ By: _____
Director

Witness: _____

Grant #:CTFPR-08-Series